| Fill in this information to identify your case: |  |
|---|--|
| United States Bankruptcy Court for the:         |  |
| Northern District of Ohio                       |  |
| Case number (If known):                         | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

# Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

2/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: | Identify | Yourself |
|---------|----------|----------|

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):                  |
|----|--|---|--|
| 1. | Your full name   |   |  |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Lacresha First name  Middle name Hester Last name  Suffix (Sr., Jr., II, III) | First name  Middle name  Last name  Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names.  |   |  |
| 3. | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx - xx - 6 4 4 9 OR 9 xx - xx   | xxx - xx   |

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names<br>and Employer<br>Identification Numbers<br>(EIN) you have used in | ✓ I have not used any business names or EINs.   | ☐I have not used any business names or EINs.   |
|    | the last 8 years   | Business name   | Business name  |
|    | Include trade names and doing business as names  |   |  |
|    | doming business do names   | Business name   | Business name  |
|    |  | EIN   | EIN  |
|    |  | EIN   | EIN  |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:  |
|    |  | 11412 Hopkins Ave.  |  |
|    |  | Number Street   | Number Street  |
|    |  | Claveland Oll 44100   |  |
|    |  | Cleveland OH 44108 City State ZIP Code  | City State ZIP Code  |
|    |  | Cuyahoga County   | State ZIF Code   |
|    |  | County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number Street   | Number Street  |
|    |  | P.O. Box  | P.O. Box   |
|    |  | City State ZIP Code   | City State ZIP Code  |
| 6. | Why you are choosing   | Check one:  | Check one:   |
|    | this district to file for bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | I have another reason. Explain.   | I have another reason. Explain.  |
|    |  | (See 28 U.S.C. § 1408.)   | (See 28 U.S.C. § 1408.)  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |

Part 2: Tell the Court About Your Bankruptcy Case

| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under | for Bank Cha Cha                                     | ne. (For a brief description of e ruptcy (Form 2010)). Also, go t pter 7 pter 11 pter 12 pter 13   |      |                   |  |
|-----|--|--|--|------|-------------------|--|
| 8.  | How you will pay the fee   | loca your subr with  I nec App  I rec By la less pay | <ul> <li>I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</li> <li>✓ I need to pay the fee in installments. If you choose this option, sign and attach the <i>Application for Individuals to Pay The Filing Fee in Installments</i> (Official Form 103A).</li> <li>☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition.</li> </ul>   |      |                   |  |
|     | Have you filed for bankruptcy within the last 8 years?                     | Distric  | ct   |      | When              | Case number  Case number  Case number                |
| 10. | affiliate? Di  | Yes.  ebtor strict                                   |  | When | Case Relationship | ip to you e number, if known to you number, if known |
| 11. | Do you rent your residence?  | □No.<br>✓Yes.  | Go to line 12.  Has your landlord obtained and the land of the lan |      |                   | ∕ou (Form 101A) and file it with                     |

Report About Any Businesses You Own as a Sole Proprietor Part 3: 12. Are you a sole proprietor No. Go to Part 4. of any full- or part-time Yes. Name and location of business business? A sole proprietorship is a business you operate as an Name of business, if any individual, and is not a separate legal entity such as a corporation, partnership, or Number Street If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. City State **7IP Code** Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your Chapter 11 of the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if **Bankruptcy Code and** any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. For a definition of small business debtor, see ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in 11 U.S.C. § 101(51D). the Bankruptcy Code. LYes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any **✓** No property that poses or is Yes. What is the hazard? alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs If immediate attention is needed, why is it needed? immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property?

### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities

|   | About Debtor 1:  |  |   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
|---|--|--|---|---|--|--|
|   | You must check one:  |  |   | You must check one:   |  |  |
| ✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  |  |  |   | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  |  |  |
|   | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.   |  |   | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  |  |  |
| ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.   |  |  | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. |   |  |  |
|   |  | fter you file this bankruptcy petition, copy of the certificate and payment  |   | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   |  |  |
| I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.                                   |  |  |   | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.                                   |  |  |
|   | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. |  |   | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.        |  |  |
|   | dissatisfied with  | oe dismissed if the court is<br>your reasons for not receiving a<br>ou filed for bankruptcy.   |   | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.   |  |  |
| If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. |  |  |   | If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. |  |  |
|   | Any extension of<br>only for cause ar<br>days.   | the 30-day deadline is granted and is limited to a maximum of 15   |   | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.  |  |  |
| I am not required to receive a briefing about credit counseling because of:   |  |  | I am not required to receive a briefing about credit counseling because of:   |   |  |  |
|   | ☐ Incapacity.  | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.                                 |   | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  |  |  |
|   | Disability.  | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. |   | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.  |  |  |
| Active duty. I am currently on active military duty in a military combat zone.  |  |  | Active duty. I am currently on active military duty in a military combat zone.  |   |  |  |

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

Page 5 of 68

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

| Part 6: Answer These Ques  | stions for Reporting Purposes   | 5  |                        |  |  |
|--|---|--|------------------------|--|--|
| 16. What kind of debts do you have?  | <ul> <li>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.</li> <li>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.</li> <li>16c. State the type of debts you owe that are not consumer debts or business debts.</li> </ul> |  |                        |  |  |
| 17. Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | administrative expenses are paid that funds will be available to distribute to unsecured creditors?  No   |  |                        |  |  |
| 18. How many creditors do you estimate that you owe?   | ✓ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | <u> </u>               | 5,001-50,000<br>0,001-100,000<br>lore than 100,000   |  |
| 19. How much do you estimate your assets to be worth?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million | on                     | 500,000,001-\$1 billion<br>1,000,000,001-\$10 billion<br>10,000,000,001-\$50 billion<br>lore than \$50 billion |  |
| 20. How much do you estimate your liabilities to be?  Part 7: Sign Below   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 millio \$50,000,001-\$100 millio \$100,000,001-\$500 millio             | on \$                  | 500,000,001-\$1 billion<br>1,000,000,001-\$10 billion<br>10,000,000,001-\$50 billion<br>lore than \$50 billion |  |
| <u> </u>   | I have examined this petition, and  | I declare under penalty of pe  | rjury that the informa | ation provided is true and   |  |
| For you  | correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.   |  |                        |  |  |
|  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  |  |                        |  |  |
|  | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  |  |                        |  |  |
|  | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  |  |                        |  |  |
|  | X _/s/ Lacresha Hester  |  |                        |  |  |
|  | Signature of Debtor 1 Signature of Debtor 2   |  |                        |  |  |
|  | Executed on MM / DD / YYYY Executed on MM / DD / YYYY   |  |                        |  |  |

Official Form 101

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Justin Smith                 | Date            | 01/25/2019        |
|----------------------------------|-----------------|-------------------|
| Signature of Attorney for Debtor |                 | MM / DD /YYYY     |
| Justin Smith                     |                 |                   |
| Printed name                     |                 |                   |
| J.M. Smith Co., LPA              |                 |                   |
| Firm name                        |                 |                   |
| 395 Park Place                   |                 |                   |
| Number Street                    |                 |                   |
|                                  |                 |                   |
| Chagrin Falls                    | ОН              | 44022             |
| City                             | State           | ZIP Code          |
| (216) 574 6294                   | imemi           | th@jmsmithlpa.com |
| Contact phone (216) 574-6284     | Email address I |                   |
| 0072044                          | ОН              |                   |
| Bar number                       | State           | _                 |
|                                  |                 |                   |

Doc 1

| Fill in this information to identify your case:                   |                 |             |           |  |  |
|---|-----------------|-------------|-----------|--|--|
| Debtor 1  | Lacresha Hester |             |           |  |  |
|   | First Name      | Middle Name | Last Name |  |  |
| Debtor 2  |                 |             |           |  |  |
| (Spouse, if filing)   | First Name      | Middle Name | Last Name |  |  |
| United States Bankruptcy Court for the: Northern District of Ohio |                 |             |           |  |  |
| Case number   |                 |             |           |  |  |
|   | (If known)      |             |           |  |  |

| Check if this is an |
|---------------------|
| amended filing      |

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

# Part 1: **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B...... \$10,280.00 1b. Copy line 62, Total personal property, from Schedule A/B..... 1c. Copy line 63, Total of all property on Schedule A/B..... \$10,280.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$13,567.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D...... 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... **+** \$50,156.00 \$63,723.00 Your total liabilities Part 3: Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$3,495.48 Copy your combined monthly income from line 12 of Schedule I..... 5. Schedule J: Your Expenses (Official Form 106J) \$3,495.00 Copy your monthly expenses from line 22c of Schedule J.....

Debtor 1

Last Name

Case number (if known)

#### Part 4: Answer These Questions for Administrative and Statistical Records

- 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
  - No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
  - ☑ Yes
- 7. What kind of debt do you have?
  - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
  - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,034.03

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |
|--|-------------|
| From Part 4 on <i>Schedule E/F</i> , copy the following:   |             |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          |
| 9d. Student loans. (Copy line 6f.)   | \$          |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | + \$        |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$8         |

| Fill in this informat                                   | ion to identify your case and this  | filing:  |   |                                       |
|---|---|--|---|---------------------------------------|
| Lacres  | sha Hester  |  |   |                                       |
| Debtor 1 First Nam                                      |   | Last Name  |   |                                       |
| Debtor 2 (Spouse, if filing) First Nam                  | ne Middle Name  | Last Name  |   |                                       |
| United States Bankrupt                                  | tcy Court for the: Northern District of Ohio  |  |   |                                       |
| Case number   |   |  |   |                                       |
|   |   |  |   | Check if this is an amended filing    |
|   |   |  |   | amended ming                          |
| Official For  | m 106A/B  |  |   |                                       |
| Schedul   | e A/B: Property   | 1  |   | 12/15                                 |
| category where yo responsible for su write your name at | ou think it fits best. Be as comple pplying correct information. If mond case number (if known). Answ | • •  | ple are filing together, bo<br>this form. On the top of a | th are equally                        |
| •   |   | Land, or Other Real Estate You Own or F                                      |   |                                       |
| No. Go to Pa  |   | t in any residence, building, land, or similar pr                            | operty?   |                                       |
| Yes. Where is   |   | What is the property? Check all that apply.                                  |   |                                       |
|   |   | ☐ Single-family home   | Do not deduct secured cla                                 | d claims on Schedule D:               |
| 1.1Street addre   | ess, if available, or other description   | Duplex or multi-unit building  | Creditors Who Have Clair                                  |                                       |
|   |   | ☐ Condominium or cooperative ☐ Manufactured or mobile home                   | Current value of the entire property?                     | portion you own?                      |
| <del></del>   |   | Land   | \$  | \$                                    |
|   |   | ☐ Investment property ☐ Timeshare  | Describe the nature                                       |                                       |
| City  | State ZIP Code  | Other  | interest (such as fee<br>the entireties, or a lif         |                                       |
|   |   | Who has an interest in the property? Check o                                 | ne  |                                       |
|   |   | Debtor 1 only  | Check if this is co                                       | mmunity property                      |
| County  |   | Debtor 2 only  |   |                                       |
|   |   | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another       |   |                                       |
|   |   | Other information you wish to add about thi                                  | s item, such as local                                     |                                       |
|   |   | property identification number:  |   |                                       |
|   |   |  |   |                                       |
|   |   |  |   |                                       |
| If you own or hav                                       | re more than one, list here:  | What is the property? Check all that apply.                                  | Do not deduct secured cla                                 | gims or exemptions. Put               |
| 4.0   |   | Single-family home   | the amount of any secure  Creditors Who Have Clair        | d claims on <i>Schedule D:</i>        |
| 1.2. Street addre                                       | ess, if available, or other description   | Duplex or multi-unit building Condominium or cooperative                     |   | , , ,                                 |
|   |   | Manufactured or mobile home  | entire property?  | Current value of the portion you own? |
|   |   | Land   | \$  | \$                                    |
|   |   | Investment property Timeshare  | Describe the nature of                                    | of vour ownership                     |
| City  | State ZIP Code  | Other  | interest (such as fee                                     | simple, tenancy by                    |
|   |   | Who has an interest in the property? Check on                                | the entireties, or a lif                                  | e estate), if known.                  |
|   |   | Debtor 1 only  | <del></del>   |                                       |
| County  |   | Debtor 2 only  Debtor 1 and Debtor 2 only                                    | Check if this is on                                       | ommunity property                     |
|   |   | At least one of the debtors and another                                      | (see instructions)  | property                              |
|   |   | Other information you wish to add about this property identification number: | item, such as local                                       |                                       |
|   |   | property identification number.  |   |                                       |

| Street address, if available, or other description  City State ZIP Code  County  | What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number: | (see instructions)   | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$  of your ownership simple, tenancy by |
|--|--|--|--|
| <ol> <li>Add the dollar value of the portion you own for all you have attached for Part 1. Write that number he</li> <li>Part 2: Describe Your Vehicles</li> <li>Do you own, lease, or have legal or equitable interestyou own that someone else drives. If you lease a vehicles</li> <li>Cars, vans, trucks, tractors, sport utility vehicles,</li> </ol> | st in any vehicles, whether they are registered or it, also report it on Schedule G: Executory Contracts a   | not? Include any vehicles  | \$ <u>0.00</u>   |
| Yes  3.1. Make: Kia  Model: Optima  Year: 2012  Approximate mileage: 62,000  Other information:  Condition: Fair   | Who has an interest in the property? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  ☐ Check if this is community property (see instructions)  | Do not deduct secured clathe amount of any secured Creditors Who Have Claim  Current value of the entire property?  § 9,200.00 | d claims on <i>Schedule D:</i>   |
| If you own or have more than one, describe here:  3.2. Make:  Model:  Year: Approximate mileage: Other information:  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  | Do not deduct secured clathe amount of any secured Creditors Who Have Claim  Current value of the entire property?  \$         | d claims on <i>Schedule D:</i>   |

|        |  | Who has an interest in the property? Check one.                     | Do not deduct secured cla                              | ime or exemptions. But                |
|--------|--|---|--|---------------------------------------|
| ·      | Make:                                      | Debtor 1 only   | the amount of any secured                              | d claims on <i>Schedule D:</i>        |
|        | Model:                                     | Debtor 2 only   | Creditors Who Have Clain                               | ns Secured by Property.               |
|        | Year:                                      | Debtor 1 and Debtor 2 only  |  | Current value of the                  |
|        | Approximate mileage:                       | At least one of the debtors and another                             | entire property?                                       | portion you own?                      |
|        | Other information:                         |   |  |                                       |
|        |  | Check if this is community property (see instructions)              | \$   | \$                                    |
|        |  |   |  |                                       |
|        | Make:                                      | Who has an interest in the property? Check one.                     | Do not deduct secured cla                              | ims or exemptions. Put                |
|        | Model:                                     | Debtor 1 only   | the amount of any secured<br>Creditors Who Have Claim  |                                       |
|        |  | Debtor 2 only   |  |                                       |
|        | Year:                                      | Debtor 1 and Debtor 2 only  | Current value of the entire property?                  | Current value of the portion you own? |
|        | Approximate mileage:                       | At least one of the debtors and another                             | entire property:                                       | portion you own:                      |
|        | Other information:                         |   | \$   | \$                                    |
|        |  | Check if this is community property (see instructions)              | Ψ  | Ψ                                     |
|        |  |   |  |                                       |
| 4 Wate | rcraft, aircraft, motor homes. ATVs and of | ther recreational vehicles, other vehicles, and access              | sories   |                                       |
|        | , ,  | craft, fishing vessels, snowmobiles, motorcycle accessor            |  |                                       |
| V N    |  | ,   |  |                                       |
|        | es   |   |  |                                       |
|        |  |   |  |                                       |
|        | Make                                       | Who has an interest in the property? Check one.                     | Do not deduct secured cla                              | ims or exemptions. Put                |
| 4.1.   | Make:                                      | Debtor 1 only   | the amount of any secured                              | d claims on <i>Schedule D:</i>        |
|        | Model:                                     | Debtor 2 only   | Creditors Who Have Clain                               | ns Securea by Property.               |
|        | Year:                                      | Debtor 1 and Debtor 2 only  | Current value of the                                   | Current value of the                  |
|        | Other information:                         | At least one of the debtors and another                             | entire property?                                       | portion you own?                      |
|        |  | Check if this is community property (see instructions)              | \$   | \$                                    |
|        |  |   |  |                                       |
| If you | own or have more than one, list here:      |   |  |                                       |
| 4.2.   | Make:                                      | Who has an interest in the property? Check one.                     | Do not deduct secured cla<br>the amount of any secured |                                       |
|        | Model:                                     | Debtor 1 only   | Creditors Who Have Clain                               |                                       |
|        | Year:                                      | Debtor 2 only   | Current value of the                                   | Current value of the                  |
|        | Other information:                         | Debtor 1 and Debtor 2 only  | entire property?                                       | portion you own?                      |
|        |  | At least one of the debtors and another                             |  |                                       |
|        |  | Check if this is community property (see                            | \$   | \$                                    |
|        |  | instructions)   |  |                                       |
|        |  |   |  |                                       |
|        |  |   |  |                                       |
|        |  |   |  |                                       |
|        | the deller color of the                    | and the form and the form B. 10.1. I. I.                            |  | 0.000.00                              |
|        |  | r all of your entries from Part 2, including any entries<br>er here |  | \$_9,200.00                           |
| you n  | iave attached for Fart 2. Write that humbe | I HOTO  | <b>7</b>   |                                       |
|        |  |   |  |                                       |
|        |  |   |  |                                       |

### Part 3: Describe Your Personal and Household Items

| Do you own or have any legal or equitable interest in any of the following items?  Current value of the portion you own? |   |  |   |  |
|--|---|--|---|--|
| 6.   | Household goods and                       | furnishings  | Do not deduct secured claims or exemptions. |  |
|  | Examples: Major appliar  No Yes. Describe | nces, furniture, linens, china, kitchenware  Miscellaneous househould furnishings: bed, dresser, table with chairs, ordinary appliances  | \$ <u>800.00</u>                            |  |
| 7.   | Electronics                               |  |   |  |
|  |   | ond radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games  Ordinary television |   |  |
|  | Yes. Describe                             |  | \$  |  |
| 8.   | Collectibles of value                     |  |   |  |
|  | stamp, coin,                              | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles                          | -   |  |
|  | ✓ No ✓ Yes. Describe                      |  | \$_0.00                                     |  |
| 9.   | Equipment for sports a                    | nd hobbies   | _   |  |
|  |   | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments  | 1   |  |
|  | ✓ No ✓ Yes. Describe                      |  | \$ <u>0.00</u>                              |  |
| 10.  | Firearms                                  |  |   |  |
|  | Examples: Pistols, rifles,   No           | shotguns, ammunition, and related equipment  |   |  |
|  | Yes. Describe                             |  | <u>\$_0.00</u>                              |  |
| 11.  | Clothes                                   |  | 1   |  |
|  |   | thes, furs, leather coats, designer wear, shoes, accessories   | 1   |  |
|  | ☐ No ☐ Yes. Describe                      | Ordinary wearing apparel   | \$200.00                                    |  |
| 12.  |   | velry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,  |   |  |
|  | gold, silver  ☑ No ☐ Yes. Describe        |  | § 0.00                                      |  |
| 12   | Non-farm animals                          |  | Ψ   |  |
| 10.  | Examples: Dogs, cats, b                   | irds, horses   |   |  |
|  | ☑ No<br>☐ Yes. Describe                   |  | \$_0.00                                     |  |
| 14.  | Any other personal and                    | d household items you did not already list, including any health aids you did not list   | 1   |  |
|  | No Yes. Give specific information         |  | \$_0.00                                     |  |
| 15.  |   | all of your entries from Part 3, including any entries for pages you have attached umber here  | \$_1,050.00                                 |  |
|  |   |  |   |  |

page 4 of 10

### Part 4: Describe Your Financial Assets

| be you out at have any logar or equitable interest in any or the following in   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|---|---|
| 16. Cash  Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition  No  Yes  Cash:   | \$ <u>5.00</u>  |
| 17. <b>Deposits of money</b> Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.  No  Yes   |   |
| 17.1. Checking account:  17.2. Checking account:  17.3. Savings account:  17.4. Savings account:  17.5. Certificates of deposit:  17.6. Other financial account:  17.7. Other financial account:  17.8. Other financial account:  17.9. Other financial account:  | \$\$<br>\$\$<br>\$\$<br>\$\$  |
| 18. Bonds, mutual funds, or publicly traded stocks  Examples: Bond funds, investment accounts with brokerage firms, money market accounts  No Yes Institution or issuer name:  19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture  No Yes. Give specific information about them | \$<br>\$<br>\$<br>\$  |
|   | r.  |

| 20. Government and corporate bonds and other negotiable and non-negotiable instruments   |           |
|--|-----------|
| Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.<br>Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.  |           |
| ☑ No   |           |
| Yes. Give specific information about   |           |
| them   |           |
|  | \$        |
|  | \$        |
|  | - Ψ<br>\$ |
| 21. Retirement or pension accounts   | _ *       |
| Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans  |           |
| ☑ No   |           |
| Yes. List each account separately. Institution name: Type of account:  |           |
| 401(k) or similar plan:  | \$        |
| Pension plan:  | \$        |
| IRA:   | ¢         |
|  | - Φ       |
|  | -         |
| Keogh:   |           |
| Additional account:  | . \$      |
| Additional account:  | - \$      |
| 22. <b>Security deposits and prepayments</b> Your share of all unused deposits you have made so that you may continue service or use from a company <i>Examples:</i> Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others |           |
| ☑ No   |           |
| Yes Institution name or individual:  | \$        |
| Electric:  | \$        |
| Gas:   | Ψ<br>\$   |
| Heating oil:   | \$        |
| Rental unit:   | \$        |
| Prepaid rent:  | \$        |
| Telephone:   | \$        |
| Water:   | \$        |
| Rented furniture:  | Ψ         |
| Other:   | Ψ         |
| 23. <b>Annuities</b> (A contract for a periodic payment of money to you, either for life or for a number of years)   |           |
| ✓ No   |           |
| Yes Issuer name and description:   |           |
|  | \$        |
|  | \$        |
|  | \$        |

| 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified sta  | ate tuition program.  |  |
|---|---|--|
| 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).   |   |  |
| ☑ No  |   |  |
| Yes Institution name and description. Separately file the records of any inter  | ests.11 U.S.C. § 521(c  | <b>:</b> ):  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   | - \$   |
|   |   |  |
| 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights of exercisable for your benefit          | r powers  |  |
|   |   |  |
| ☑ No  |   |  |
| Yes. Give specific information about them   |   | \$0.00   |
| mornation about them  |   | Ψ  |
| 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property   |   | J  |
| Examples: Internet domain names, websites, proceeds from royalties and licensing agreements   |   |  |
| ☑ No  |   |  |
| Yes. Give specific  |   |  |
| information about them  |   | \$ <u>0.00</u>   |
|   |   |  |
| 27. Licenses, franchises, and other general intangibles   |   |  |
| Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, profe  | ssional licenses  |  |
| ☑ No  |   |  |
| ☐ Yes. Give specific  |   |  |
| information about them  |   | \$0.00   |
|   |   | Ψ  |
|   |   |  |
| Money or property owed to you?  |   | Current value of the   |
| Money or property owed to you?  |   | Current value of the portion you own?  |
| Money or property owed to you?  |   | Current value of the   |
| Money or property owed to you?  28. Tax refunds owed to you   |   | Current value of the portion you own? Do not deduct secured  |
|   |   | Current value of the portion you own? Do not deduct secured  |
| 28. Tax refunds owed to you  No   | Fadasalı  | Current value of the portion you own? Do not deduct secured claims or exemptions.  |
| 28. Tax refunds owed to you  No Yes. Give specific information about them, including whether  |   | Current value of the portion you own? Do not deduct secured claims or exemptions.  |
| 28. Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns                        | State:  | Current value of the portion you own? Do not deduct secured claims or exemptions.  \$ 0.00 \$ 0.00   |
| 28. Tax refunds owed to you  No Yes. Give specific information about them, including whether  | State:  | Current value of the portion you own? Do not deduct secured claims or exemptions.  |
| 28. Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns                        | State:  | Current value of the portion you own? Do not deduct secured claims or exemptions.  \$ 0.00 \$ 0.00   |
| 28. Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns                        | State:  | Current value of the portion you own? Do not deduct secured claims or exemptions.  \$ 0.00 \$ 0.00   |
| 28. Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years      | State:<br>Local:  | Current value of the portion you own? Do not deduct secured claims or exemptions.  \$ 0.00 \$ 0.00 \$ 0.00   |
| 28. Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years      | State:<br>Local:  | Current value of the portion you own? Do not deduct secured claims or exemptions.  \$ 0.00 \$ 0.00 \$ 0.00   |
| 28. Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years      | State:  Local: nent, property settleme  | Current value of the portion you own? Do not deduct secured claims or exemptions.  \$ 0.00 \$ 0.00 \$ 0.00   |
| 28. Tax refunds owed to you  ✓ No  — Yes. Give specific information about them, including whether you already filed the returns and the tax years | State: Local: nent, property settleme Alimony:  | Current value of the portion you own? Do not deduct secured claims or exemptions.  \$ 0.00 \$ 0.00 \$ 0.00   |
| 28. Tax refunds owed to you  ✓ No  — Yes. Give specific information about them, including whether you already filed the returns and the tax years | State:  Local: nent, property settleme  | Current value of the portion you own? Do not deduct secured claims or exemptions.  \$ 0.00 \$ 0.00 \$ 0.00   |
| 28. Tax refunds owed to you  ✓ No  — Yes. Give specific information about them, including whether you already filed the returns and the tax years | State: Local: nent, property settleme Alimony:  | Current value of the portion you own? Do not deduct secured claims or exemptions.  \$ 0.00 \$ 0.00 \$ 0.00  ent  \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00   |
| 28. Tax refunds owed to you  ✓ No  — Yes. Give specific information about them, including whether you already filed the returns and the tax years | State: Local: nent, property settleme Alimony: Maintenance:   | Current value of the portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$ |
| 28. Tax refunds owed to you  ✓ No  — Yes. Give specific information about them, including whether you already filed the returns and the tax years | State: Local: nent, property settleme Alimony: Maintenance: Support:  | Current value of the portion you own? Do not deduct secured claims or exemptions.  \$ 0.00 \$ 0.00 \$ 0.00  ent  \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00   |
| 28. Tax refunds owed to you  ✓ No  ✓ Yes. Give specific information about them, including whether you already filed the returns and the tax years | State: Local: nent, property settleme Alimony: Maintenance: Support: Divorce settlement:                        | Current value of the portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$ |
| 28. Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years      | State: Local:  nent, property settleme  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | Current value of the portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$ |
| 28. Tax refunds owed to you    No   | State: Local:  nent, property settleme  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | Current value of the portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$ |
| 28. Tax refunds owed to you  ✓ No  ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years | State: Local:  nent, property settleme  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | Current value of the portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$ |
| 28. Tax refunds owed to you    No   | State: Local:  nent, property settleme  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | Current value of the portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$ |

| 31. | Interests in insurance policies  Examples: Health, disability, or life insurance  No  | e; health savings account (HSA); credit, ho | meowner's, or renter's insurance             |  |
|-----|---|---|--|--|
|     | Yes. Name the insurance company of each policy and list its value   | Company name:                               | Beneficiary:                                 | Surrender or refund value:   |
|     |   |   |  | \$   |
|     |   |   |  | \$   |
|     |   |   |  | \$   |
| 32. | Any interest in property that is due you f If you are the beneficiary of a living trust, ex property because someone has died.  No Yes. Give specific information |   | or are currently entitled to receive         | s 0.00   |
|     |   |   |  | \$   |
| 33. | Claims against third parties, whether or in Examples: Accidents, employment disputes  No  | -   | emand for payment                            |  |
|     | Yes. Describe each claim  |   |  | <sub>\$</sub> 0.00   |
| 34. | Other contingent and unliquidated claims to set off claims  | s of every nature, including counterclain   | ns of the debtor and rights                  | _!   |
|     | ☑ No  |   |  |  |
|     | Yes. Describe each claim  |   |  | \$0.00   |
|     |   |   |  | _!   |
| 35. | Any financial assets you did not already  | list  |  |  |
|     | ✓ No ☐ Yes. Give specific information   |   |  | \$ <u>0.00</u>   |
| 36. | Add the dollar value of all of your entries for Part 4. Write that number here  |   |  | \$ <u>30.00</u>  |
|     |   |   |  |  |
| Pa  | rt 5: Describe Any Business-R   | elated Property You Own or Ha               | ve an Interest In. List any r                | eal estate in Part 1.  |
| 37. | Do you own or have any legal or equitabl ☑ No. Go to Part 6. ☑ Yes. Go to line 38.  | le interest in any business-related prope   | rty?   |  |
|     |   |   |  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 38. | Accounts receivable or commissions you  | u already earned                            |  |  |
|     | □ No  |   |  | ]  |
|     | Yes. Describe   |   |  | \$   |
| 39. | Office equipment, furnishings, and supplexamples: Business-related computers, software,  No   |   | elephones, desks, chairs, electronic devices |  |
|     | Yes. Describe   |   |  | \$   |
|     |   |   |  |  |

| 40. Machinery, fixtures, e  | equipment, supplies you use in business, and tools of your trade                                  |  |  |  |  |
|---|---|--|--|--|--|
| ☐ No<br>☐ Yes. Describe   |   | \$   |  |  |  |
| 41. Inventory  No Yes. Describe   |   | \$   |  |  |  |
| 42. Interests in partnersh  | nips or joint ventures  |  |  |  |  |
| ☐ No<br>☐ Yes. Describe   | Name of entity: % of ownership:%%%  | \$<br>\$<br>\$   |  |  |  |
| 43. Customer lists, maili   | ng lists, or other compilations   |  |  |  |  |
|   | cribe   | \$   |  |  |  |
| 44. Any business-related No Yes. Give specific information  |   | \$   |  |  |  |
|   |   | \$<br>\$<br>\$   |  |  |  |
|   |   | \$<br>\$   |  |  |  |
|   | of all of your entries from Part 5, including any entries for pages you have attached number here | <u>\$</u> 0.00   |  |  |  |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. |   |  |  |  |  |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?  ☑ No. Go to Part 7. ☐ Yes. Go to line 47.            |   |  |  |  |  |
|   |   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |  |  |  |
| 47. Farm animals  Examples: Livestock, poultry, farm-raised fish  No  |   |  |  |  |  |
| ∐ Yes   |   | \$   |  |  |  |

| 48. Crops—either growing or harvested   |                         |                                |                       |
|---|-------------------------|--------------------------------|-----------------------|
| No Yes. Give specific information   |                         |                                | \$                    |
| 49. Farm and fishing equipment, implements, machinery, fixtures,  No Yes  | , and tools of trade    |                                | 1                     |
|   |                         |                                | \$                    |
| 50. Farm and fishing supplies, chemicals, and feed  |                         |                                |                       |
| ☐ No ☐ Yes  |                         |                                | 1                     |
|   |                         |                                | \$                    |
| 51. Any farm- and commercial fishing-related property you did no  | t already list          |                                |                       |
| Yes. Give specific information  |                         |                                | \$                    |
| 52. Add the dollar value of all of your entries from Part 6, includin for Part 6. Write that number here                  |                         |                                | \$ 0.00               |
|   |                         |                                |                       |
| Part 7: Describe All Property You Own or Have a   | n Interest in That      | You Did Not List Above         |                       |
| 53. Do you have other property of any kind you did not already lis  Examples: Season tickets, country club membership  No | et?                     |                                |                       |
| Yes. Give specific information  |                         |                                |                       |
| 54. Add the dollar value of all of your entries from Part 7. Write that   | at number here          | ······                         | \$ <u>0.00</u>        |
| Part 8: List the Totals of Each Part of this Form   |                         |                                |                       |
| 55. Part 1: Total real estate, line 2   |                         | <b>→</b>                       | \$ <u>0.00</u>        |
| 56. Part 2: Total vehicles, line 5  | <sub>\$_</sub> 9,200.00 | _                              |                       |
| 57. Part 3: Total personal and household items, line 15   | \$_1,050.00             | _                              |                       |
| 58. Part 4: Total financial assets, line 36   | \$_30.00                | _                              |                       |
| 59. Part 5: Total business-related property, line 45  | \$_0.00                 | _                              |                       |
| 60. Part 6: Total farm- and fishing-related property, line 52   | \$_0.00                 | _                              |                       |
| 61. Part 7: Total other property not listed, line 54  | <b>+</b> \$0.00         | _                              |                       |
| 62. <b>Total personal property.</b> Add lines 56 through 61   | \$_10,280.00            | Copy personal property total → | <b>≠</b> \$_10,280.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62  |                         |                                | \$_10,280.00          |

| Fill in this information to identify your case:                   |                 |             |           |  |
|---|-----------------|-------------|-----------|--|
| Debtor 1  | Lacresha Hester |             |           |  |
|   | First Name      | Middle Name | Last Name |  |
| Debtor 2  |                 |             |           |  |
| (Spouse, if filing)   | First Name      | Middle Name | Last Name |  |
| United States Bankruptcy Court for the: Northern District of Ohio |                 |             |           |  |
| Case number   |                 |             |           |  |

☐ Check if this is an amended filing

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exempt  |  |  |                                    |  |  |  |  |
|--|--|--|------------------------------------|--|--|--|--|
| <ol> <li>Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.</li> <li>✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)</li> <li>✓ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)</li> </ol>                          |  |  |                                    |  |  |  |  |
| 2. For any property you list on <i>Schedule A/B</i> th   | 2. For any property you list on <i>Schedule A/B</i> that you claim as exempt, fill in the information below. |  |                                    |  |  |  |  |
| Brief description of the property and line on Schedule A/B that lists this property  | Current value of the portion you own   | Amount of the exemption you claim  | Specific laws that allow exemption |  |  |  |  |
|  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption  |                                    |  |  |  |  |
| Household goods - Miscellaneous househou Brief furnishings: bed, dresser, table with chairs, of description: appliances  Line from Schedule A/B: 6   | ordinary \$_800.00   | <ul> <li>✓ \$ 800.00</li> <li>☐ 100% of fair market value, up to any applicable statutory limit</li> </ul> | 2329.66(A)(4)(a)                   |  |  |  |  |
| Brief description:  Line from Schedule A/B: 7  | \$ 50.00   | 50.00 100% of fair market value, up to any applicable statutory limit                                      | 2329.66(A)(4)(a)                   |  |  |  |  |
| Brief Clothing - Ordinary wearing apparel description:  Line from Schedule A/B: 11   | \$ 200.00  | 200.00 100% of fair market value, up to any applicable statutory limit                                     | 2329.66(A)(4)(a)                   |  |  |  |  |
| 3. Are you claiming a homestead exemption of more than \$160,375?  (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)  ☑ No ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ☐ No ☐ Yes |  |  |                                    |  |  |  |  |

### Part 2:

### **Additional Page**

|       | Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own Copy the value from Schedule A/B | exemption you claim Check only one box                          | Specific laws that allow exemption |
|-------|--|---|---|------------------------------------|
|       | Cook on hand (Cook On Hand)  | Scriedule A/B   | for each exemption  |                                    |
| Brief | Cash on hand (Cash On Hand) : :ription:  | \$ <u>5.00</u>  | \$ 5.00 100% of fair market value, up to                        | 2329.66(A)(3)                      |
|       | from<br>edule A/B: 16  |   | any applicable statutory limit                                  |                                    |
| Brief | Fifth Third Bank (Checking)  |   |   | 2329.66(A)(3)                      |
|       | eription:  | \$ <u>25.00</u>   | \$ 25.00  |                                    |
|       | ,  |   | 100% of fair market value, up to any applicable statutory limit |                                    |
|       | from<br>edule A/B: 17.1  |   | ,   |                                    |
| Brief |  | •   |   |                                    |
| desc  | ription:   | \$  | \$  |                                    |
| Lino  | from   |   | 100% of fair market value, up to any applicable statutory limit | 0                                  |
|       | edule A/B:   |   | arry applicable statutory limit                                 |                                    |
| Brief |  | •   | П.  |                                    |
| desc  | ription:   | \$  | \$  |                                    |
| Line  | from   |   | 100% of fair market value, up t any applicable statutory limit  | 0                                  |
| Sch   | edule A/B:   |   | ,,  |                                    |
| Brief |  | \$  | <b>\$</b>   |                                    |
| desc  | ription:   | Ψ   | 100% of fair market value, up to                                |                                    |
| Line  | from   |   | any applicable statutory limit                                  | )                                  |
|       | edule A/B:   |   | , , ,   |                                    |
| Brief | :  |   | _   |                                    |
|       | ription:   | \$  | <u></u> \$  |                                    |
|       | ,  |   | 100% of fair market value, up to                                | 0                                  |
|       | from<br>edule A/B:   |   | any applicable statutory limit                                  |                                    |
| Brief |  |   |   |                                    |
|       | ription:   | \$  | <b>\$</b>   |                                    |
| l ine | from   |   | 100% of fair market value, up t                                 | 0                                  |
|       | edule A/B:   |   | any applicable statutory limit                                  |                                    |
| Brief |  |   |   |                                    |
| desc  | ription:   | \$  | <u></u>   |                                    |
|       |  |   | 100% of fair market value, up to any applicable statutory limit |                                    |
|       | from<br>edule A/B:   |   | ,,  |                                    |
|       |  |   |   |                                    |
| Brief | eription:  | \$  | <b>\$</b>   |                                    |
|       | P  |   | 100% of fair market value, up to                                | )                                  |
|       | from   |   | any applicable statutory limit                                  |                                    |
|       | edule A/B:   |   |   |                                    |
| Brief | ription:   | \$  | <b>\$</b>   |                                    |
|       |  |   | 100% of fair market value, up to                                | )                                  |
|       | from<br>edule A/B:   |   | any applicable statutory limit                                  |                                    |
| Brief |  |   |   |                                    |
|       | ription:   | \$  | \$  |                                    |
|       |  |   | 100% of fair market value, up to any applicable statutory limit |                                    |
|       | from   |   | arry appricable statutory milli                                 |                                    |
|       | edule A/B:   |   |   |                                    |
| Brief |  | \$  | □ <b>\$</b>   |                                    |
| ueso  | ription:   | •   | 100% of fair market value, up to                                |                                    |
|       | from   |   | any applicable statutory limit                                  |                                    |
| Sch   | edule A/B:   |   |   |                                    |

| Fill in this information to identify your cas      | e:   |                                   |  |                            |
|--|--|-----------------------------------|--|----------------------------|
| Debtor 1 Lacresha Hester                           |  |                                   |  |                            |
| First Name Middle N                                | ame Last Name  |                                   |  |                            |
| (Spouse, if filing) First Name Middle N            | ame Last Name  |                                   |  |                            |
| United States Bankruptcy Court for the: Northern D | istrict of Ohio  |                                   |  |                            |
| Case number  |  |                                   | □                                      |                            |
| (If known)   |  |                                   |  | if this is an<br>ed filing |
|  |  |                                   | amena                                  | ou ming                    |
| Official Form 106D                                 |  |                                   |  |                            |
| Schedule D. Creditor                               | s Who Have Claims Secure   | d by Pro                          | nertv                                  | 12/15                      |
|  |  |                                   |  |                            |
|  | If two married people are filing together, both are ed the Additional Page, fill it out, number the entries, |                                   |  |                            |
| additional pages, write your name and cas          |  |                                   |  | •                          |
| Do any creditors have claims secured b             | v vour property?   |                                   |  |                            |
|  | y your property?<br>n to the court with your other schedules. You have noth                                  | na else to report on              | this form                              |                            |
| ✓ Yes. Fill in all of the information below.       | in to the court man your canon concedence. You have notin  | ing close to report of            |  |                            |
|  |  |                                   |  |                            |
| Part 1: List All Secured Claims                    |  |                                   |  |                            |
| 2. Liet all ecoured claims. If a graditor has m    | nore than one secured claim, list the creditor separately  | Column A                          | Column B                               | Column C                   |
|  | as a particular claim, list the other creditors in Part 2.   | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion          |
| As much as possible, list the claims in alph       | abetical order according to the creditor's name.   | value of collateral.              | claim                                  | If any                     |
| 2.1 Capital One Auto Finance                       | Describe the property that secures the claim:  | \$ 13,567.00                      | \$ 9,200.00                            | \$ 4,367.00                |
|  | 2012 Kia Optima - \$9,200.00   | *                                 | _                                      | · <del>*</del>             |
| Creditor's Name<br>3905 Dallas Parkway             |  |                                   |  |                            |
| Number Street                                      |  |                                   |  |                            |
|  | As of the date you file the claim in Obselve White teacher   |                                   |  |                            |
| Plano TX 75093                                     | As of the date you file, the claim is: Check all that apply.  Contingent                                     |                                   |  |                            |
| City State ZIP Code                                | Unliquidated   |                                   |  |                            |
| Who owes the debt? Check one.                      | ☐ Disputed   |                                   |  |                            |
| Debtor 1 only                                      | Nature of lien. Check all that apply.  |                                   |  |                            |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only       | An agreement you made (such as mortgage or secured   |                                   |  |                            |
| At least one of the debtors and another            | car loan)  Statutory lien (such as tax lien, mechanic's lien)  |                                   |  |                            |
| ☐ Check if this claim relates to a                 | ☐ Judgment lien from a lawsuit   |                                   |  |                            |
| community dobt                                     | Other (including a right to offset)  | _                                 |  |                            |
| Date debt was incurred 2017                        | Last 4 digits of account number 1001   |                                   |  |                            |
| 2.2  | Describe the property that secures the claim:  | \$                                | _ \$                                   | \$                         |
| Creditor's Name                                    |  |                                   |  |                            |
|  |  |                                   |  |                            |
| Number Street                                      |  |                                   |  |                            |
|  | As of the date you file, the claim is: Check all that apply.   |                                   |  |                            |
|  | Contingent   |                                   |  |                            |
| City State ZIP Code  Who owes the debt? Check one. | Unliquidated   |                                   |  |                            |
| Debtor 1 only                                      | Disputed   |                                   |  |                            |
| Debtor 2 only                                      | Nature of lien. Check all that apply.  |                                   |  |                            |
| Debtor 1 and Debtor 2 only                         | An agreement you made (such as mortgage or secured<br>car loan)  |                                   |  |                            |
| At least one of the debtors and another            | Statutory lien (such as tax lien, mechanic's lien)   |                                   |  |                            |
| ☐ Check if this claim relates to a                 | Judgment lien from a lawsuit   |                                   |  |                            |
| community debt<br>Date debt was incurred           | Other (including a right to offset)  Last 4 digits of account number   | _                                 |  |                            |
| Date uent was illeuited                            | Last - digits of account number  |                                   |  |                            |

Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property page 1 of  $\frac{1}{19-10415-aih}$  Doc 1 FILED 01/25/19 ENTERED 01/25/19 12:45:55 Page 22 of 68

 $\label{eq:Add-def} \textbf{Add the dollar value of your entries in Column A} \ \ \textbf{on this page}. \ \textbf{Write that number here:}$ 

\$<u>13,567.00</u>

| Dehtor | 1 |  |
|--------|---|--|

| acresha | Hester |  |  |  |  |
|---------|--------|--|--|--|--|
|         |        |  |  |  |  |

Case number (if known)

|         | First Name | Middle Name      | Last Name                          |
|---------|------------|------------------|------------------------------------|
| Part 2: | List Other | s to Be Notified | for a Debt That You Already Listed |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter the creditor? \_ Last 4 digits of account number Name Street City State ZIP Code On which line in Part 1 did you enter the creditor? \_ Last 4 digits of account number Name Street City State ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_ Last 4 digits of account number Name Street City ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_\_ Last 4 digits of account number Name Street City State ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_\_\_ Last 4 digits of account number Name Street City State ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_\_\_ Last 4 digits of account number Name Street ZIP Code

| Fill                         | in this in  | formation to identify y   | our case:  |   |  | I   |   |   |                                     |
|------------------------------|---|---|--|---|--|---|---|---|-------------------------------------|
|                              |   | Lacresha Hester   |  |   |  |   |   |   |                                     |
| Deb                          | otor 1  | First Name  | Middle Name  | Last I  | Name   |   |   |   |                                     |
| Deb                          | otor 2  | - not realing   | da.o rae   | 2000  | tamo   |   |   |   |                                     |
|                              | ouse, if filing)  | First Name  | Middle Name  | Last I  | Name   |   |   |   |                                     |
| Uni                          | ted States E  | Bankruptcy Court for the: N   | Northern District of 0   | Ohio  |  |   |   |   |                                     |
| Cas                          | se number   |   |  |   |  |   |   | _   | c if this is an ded filing          |
| (If k                        | (nown)  |   |  |   |  |   |   | anien   | ded illing                          |
| Off                          | ficial F  | orm 106E/F  |  |   |  |   |   |   |                                     |
| Sc                           | hedu  | ule E/F: Cre  | ditors W   | /ho Ha  | ve Unsec   | ured Claim  | าร  |   | 12/15                               |
| List<br>A/B:<br>cred<br>need | the other Property itors with led, copy additiona   | te and accurate as pos<br>party to any executory<br>(Official Form 106A/B)<br>partially secured clair<br>the Part you need, fill<br>I pages, write your nar | y contracts or u ) and on <i>Sched</i> e ms that are liste it out, number t me and case nu | inexpired leas<br>lule G: Executed<br>ed in Schedul<br>the entries in<br>imber (if know | ses that could resu<br>tory Contracts and<br>e D: Creditors Who<br>the boxes on the lo | lt in a claim. Also lis<br>Unexpired Leases (0<br>Have Claims Secur | st executory co<br>Official Form 10<br>ed by Property | ontracts on <i>Sc</i><br>D6G). Do not in<br>If more space | <i>hedule</i><br>nclude any<br>e is |
| 1. [                         | o any cre   | editors have priority u   | nsecured claims  | s against you   | ?  |   |   |   |                                     |
|                              | ☑ No. Go<br>☑ Yes.  | to Part 2.  |  |   |  |   |   |   |                                     |
| e<br>n<br>u                  | List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) |   |  |   |  |   |   |   |                                     |
| (                            | i oi aii ex   | oraliation of each type o   | r ciaim, see the ii  |   | tills lottil ill tile illsti   | detion bookiet.)  | Total claim   | Priority<br>amount  | Nonpriority amount                  |
| 2.1                          |   |   |  | 1 a a 4 d di mite   | f  |   | \$  | \$  | \$                                  |
|                              | Priority Cred   | ditor's Name  |  | Last 4 digits   | s of account number  | •   | Ψ   | . Ψ   | Ψ                                   |
|                              |   |   |  | When was t  | he debt incurred?  |   |   |   |                                     |
|                              | Number  | Street  |  | As of the da  | ate you file, the clain  | is: Check all that apply  | 1   |   |                                     |
|                              |   |   |  | Continge  |  | Tier entert an that apply   | •   |   |                                     |
|                              | City  | State   | ZIP Code   | Unliquida   |  |   |   |   |                                     |
|                              | Who incu  | irred the debt? Check on  | e.   | Disputed  |  |   |   |   |                                     |
|                              | Debtor  |   |  |   | IORITY unsecured   | claim:  |   |   |                                     |
|                              | Debtor Debtor   | •   |  | Domestic  | support obligations  |   |   |   |                                     |
|                              |   | 1 and Debtor 2 only   |  | Taxes ar  | nd certain other debts ye  | ou owe the government   |   |   |                                     |
|                              | At leas   | st one of the debtors and an  | other  |   | or death or personal inju  | -   |   |   |                                     |
|                              | ☐ Check   | k if this claim is for a co   | mmunity debt   | intoxicate  |  |   |   |   |                                     |
|                              | Is the cla  | im subject to offset?   |  | U Other. S  | pecify   |   |   |   |                                     |
|                              | □No   | ·   |  |   |  |   |   |   |                                     |
|                              | Yes   |   |  |   |  |   |   |   |                                     |
| 2.2                          |   |   |  | Last 4 digits   | s of account number  | •   | \$  | \$  | \$                                  |
|                              | Priority Cre  | ditor's Name  |  | When was t  | he debt incurred?  |   |   |   |                                     |
|                              | Number  | Street  |  | As of the da  | ate you file, the clain  | is: Check all that apply  | <i>'</i> .  |   |                                     |
|                              |   |   |  | Continge  | ent  |   |   |   |                                     |
|                              | City  | Ctata   | ZID Code   | Unliquida   |  |   |   |   |                                     |
|                              | City  | State   | ZIP Code   | ☐ Disputed  |  |   |   |   |                                     |
|                              | Who included Debto  | <b>urred the debt?</b> Check or<br>r 1 only   | ne.  | Type of PR  | IORITY unsecured   | claim:  |   |   |                                     |
|                              | _   | r 2 only  |  |   | support obligations  |   |   |   |                                     |
|                              | _   | r 1 and Debtor 2 only   |  |   |  | ou owe the government   |   |   |                                     |
|                              | =   | st one of the debtors and an  | nother   |   | or death or personal inju  | =   |   |   |                                     |
|                              | Check   | k if this claim is for a co   | mmunity debt   | intoxicate  |  | ny willie you wele  |   |   |                                     |
|                              | Is the cla  | nim subject to offset?  | door   | Other. Sp   | pecify   |   |   |   |                                     |
|                              | No  |   |  |   |  |   |   |   |                                     |
|                              | Yes   |   |  |   |  |   |   |   |                                     |

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|---|---|----|----|----|---|

Lacresha Hester Case number (if known)\_ First Name Middle Name Last Name

| 3.  | Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes   |                                      |   |                            |                      |  |  |  |
|-----|---|--------------------------------------|---|----------------------------|----------------------|--|--|--|
|     | List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. |                                      |   |                            |                      |  |  |  |
|     | Capital One Bank  |                                      |   |                            | Total claim          |  |  |  |
| 4.1 | ] '   |                                      |   | 0440                       |                      |  |  |  |
|     | <u></u>   |                                      | Last 4 digits of account number   | 6449                       | \$ 4,362.00          |  |  |  |
|     | Nonpriority Creditor's Name 10700 Capital One Way   |                                      | When was the debt incurred?   | 2017                       |                      |  |  |  |
|     | Number Street   |                                      | As of the date you file, the claim  | is: Check all that apply.  |                      |  |  |  |
|     | Glen Allen VA   | 23060                                | ☐ Contingent  |                            |                      |  |  |  |
|     | City State  | ZIP Code                             | Unliquidated  |                            |                      |  |  |  |
|     | Who incurred the debt? Check one.   |                                      | Disputed  |                            |                      |  |  |  |
|     | Debtor 1 only   |                                      | Type of NONPRIORITY unsecu  | red claim:                 |                      |  |  |  |
|     | Debtor 2 only   |                                      | Student loans   |                            |                      |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  |                                      | Obligations arising out of a separ  | ation agreement or divorce |                      |  |  |  |
|     | At least one of the deptors and another   |                                      | that you did not report as priority   | claims                     |                      |  |  |  |
|     | ☐ Check if this claim is for a community debt   |                                      | Debts to pension or profit-sharing Other. Specify Credit Card Del                                       |                            |                      |  |  |  |
|     | Is the claim subject to offset?   |                                      | Other. Specify Gredit Gard Bell   | л                          |                      |  |  |  |
|     | <b>✓</b> No   |                                      |   |                            |                      |  |  |  |
|     | ☐ Yes Cleveland Public Power  |                                      |   | 0440                       | . 200 00             |  |  |  |
| 4.2 | Glovolatid Fabilio Fower  |                                      | Last 4 digits of account number   |                            | \$300.00             |  |  |  |
|     | Nonpriority Creditor's Name   |                                      | When was the debt incurred?   | 2017                       |                      |  |  |  |
|     | 1300 Lakeside Avenue  |                                      |   |                            |                      |  |  |  |
|     | Number Street   |                                      | As of the date you file, the claim is: Check all that apply.  |                            |                      |  |  |  |
|     | Cleveland OH  | 44114                                | Contingent  |                            |                      |  |  |  |
|     | City State  | ZIP Code                             | Unliquidated  |                            |                      |  |  |  |
|     | Who incurred the debt? Check one.  Debtor 1 only  |                                      | ☐ Disputed  | urad alaim:                |                      |  |  |  |
|     | Debtor 2 only   |                                      | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |                            |                      |  |  |  |
|     | Debtor 1 and Debtor 2 only  |                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                            |                      |  |  |  |
|     | At least one of the debtors and another   |                                      |   |                            |                      |  |  |  |
|     | ☐ Check if this claim is for a community debt   |                                      | Debts to pension or profit-sharing  |                            |                      |  |  |  |
|     | Is the claim subject to offset?   |                                      | Other. Specify Utility Services   |                            |                      |  |  |  |
|     | ✓ No  |                                      |   |                            |                      |  |  |  |
|     | Yes Comenity Bank / Victoria's Secret   |                                      |   |                            |                      |  |  |  |
| 4.3 | Something Dank / Victoria's Secret  |                                      | Last 4 digits of account number   | 6449                       | <sub>\$</sub> 574.00 |  |  |  |
|     | Nonpriority Creditor's Name   |                                      | When was the debt incurred?   | 2016                       | \$ <u>014.00</u>     |  |  |  |
|     | PO Box 182789   |                                      |   |                            |                      |  |  |  |
|     | Number Street   |                                      |   |                            |                      |  |  |  |
|     |   |                                      | As of the date you file, the claim  | is: Check all that apply.  |                      |  |  |  |
|     | Columbus OH   | 43218                                | Contingent  |                            |                      |  |  |  |
|     | City State Who incurred the debt? Check one.  | ZIP Code                             | Unliquidated  |                            |                      |  |  |  |
|     | ✓ Debtor 1 only   |                                      | ☐ Disputed  |                            |                      |  |  |  |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim: |   |                            |                      |  |  |  |
|     | Debtor 1 and Debtor 2 only  | Student loans                        |   |                            |                      |  |  |  |
|     | At least one of the debtors and another   |                                      | Obligations arising out of a separ that you did not report as priority                                  |                            |                      |  |  |  |
|     | ☐ Check if this claim is for a community debt   |                                      | Debts to pension or profit-sharing  |                            |                      |  |  |  |
|     | Is the claim subject to offset?   |                                      | Other. Specify Credit Card De   |                            |                      |  |  |  |
|     | ✓ No  |                                      |   |                            |                      |  |  |  |
|     | Yes   |                                      |   |                            |                      |  |  |  |

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|---|---|----|----|----|---|

Lacresha Hester

|            |             |           | Case number |
|------------|-------------|-----------|-------------|
| First Name | Middle Name | Last Name |             |

| 1 4 | Elst All of Tour North Hothir For   | iscourca olam | 13  |                           |                      |  |  |  |  |
|-----|---|---------------|---|---------------------------|----------------------|--|--|--|--|
| 3.  | Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes   |               |   |                           |                      |  |  |  |  |
|     | List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. |               |   |                           |                      |  |  |  |  |
|     |   |               |   |                           | Total claim          |  |  |  |  |
| 4.4 | Credit One Bank, NA   |               |   | 0440                      |                      |  |  |  |  |
|     | Nonpriority Creditor's Name   |               | Last 4 digits of account number   | 6449                      | \$ 300.00            |  |  |  |  |
|     | PO Box 98872  |               | When was the debt incurred?   | 2017                      |                      |  |  |  |  |
|     | Number Street   |               | _   |                           |                      |  |  |  |  |
|     |   |               | <u></u>   |                           |                      |  |  |  |  |
|     | Las Vegas NV  | 89193         | As of the date you file, the claim  | is: Check all that apply. |                      |  |  |  |  |
|     | City State  | ZIP Code      | ─ ☐ Contingent  |                           |                      |  |  |  |  |
|     | •   | 2 0000        | ☐ Unliquidated  |                           |                      |  |  |  |  |
|     | Who incurred the debt? Check one.  Debtor 1 only  |               | ☐ Disputed  |                           |                      |  |  |  |  |
|     | Debtor 2 only   |               | Type of NONPRIORITY unsecu  | red claim:                |                      |  |  |  |  |
|     | Debtor 1 and Debtor 2 only  |               | Student loans   |                           |                      |  |  |  |  |
|     | ☐ At least one of the debtors and another   |               | Obligations arising out of a separathat you did not report as priority                                      |                           |                      |  |  |  |  |
|     | Check if this claim is far a community debtine  |               | Debts to pension or profit-sharing  |                           |                      |  |  |  |  |
|     | ☐ Check if this claim is for a community debt   |               | Other Specify Credit Card De  |                           |                      |  |  |  |  |
|     | Is the claim subject to offset?   |               |   |                           |                      |  |  |  |  |
|     | Yes   |               |   |                           |                      |  |  |  |  |
| 4.5 | Diversified Consultants   |               | Last 4 digits of account number   | 6449                      | <sub>\$</sub> 198.00 |  |  |  |  |
|     | I   |               |   | 2018                      | Ψ                    |  |  |  |  |
|     | Nonpriority Creditor's Name 10550 Deerwood Park Blvd.   |               | Tillon was the dost mountain.   | 2010                      |                      |  |  |  |  |
|     | Number Street   |               |   |                           |                      |  |  |  |  |
|     |   |               | As of the date you file, the claim  | is: Check all that apply. |                      |  |  |  |  |
|     | Fort Worth TX   | 76109         | Contingent  |                           |                      |  |  |  |  |
|     | City State  | ZIP Code      | Unliquidated  |                           |                      |  |  |  |  |
|     | Who incurred the debt? Check one.   |               | ☐ Disputed  |                           |                      |  |  |  |  |
|     | ☑ Debtor 1 only ☐ Debtor 2 only   |               | Type of NONPRIORITY unsecured claim:  |                           |                      |  |  |  |  |
|     | Debtor 1 and Debtor 2 only  |               | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce                              |                           |                      |  |  |  |  |
|     | ☐ At least one of the debtors and another   |               |   |                           |                      |  |  |  |  |
|     | Check if this plains in favor a community, debt   |               | that you did not report as priority of Debts to pension or profit-sharing                                   |                           |                      |  |  |  |  |
|     | ☐ Check if this claim is for a community debt   |               | Other. Specify Collection Ager  |                           |                      |  |  |  |  |
|     | Is the claim subject to offset?   |               | , ,   |                           |                      |  |  |  |  |
|     | ✓ No<br>Yes   |               |   |                           |                      |  |  |  |  |
| 1.6 |   |               |   | 6/1/9                     |                      |  |  |  |  |
|     | Dominion East Ohio  |               | Last 4 digits of account number   |                           | \$500.00             |  |  |  |  |
|     | Nonpriority Creditor's Name   |               | When was the debt incurred?   | 2018                      |                      |  |  |  |  |
|     | P.O. Box 26785  |               |   |                           |                      |  |  |  |  |
|     | Number Street   |               | As of the date you file, the claim  | is: Check all that apply. |                      |  |  |  |  |
|     | Richmond VA   | 23261         | <u> </u>  | ,                         |                      |  |  |  |  |
|     | City State  | ZIP Code      | Contingent Unliquidated   |                           |                      |  |  |  |  |
|     | Who incurred the debt? Check one.   |               | Disputed  |                           |                      |  |  |  |  |
|     | Debtor 1 only   |               | ·   | rod claim:                |                      |  |  |  |  |
|     | Debtor 2 only   |               | Type of NONPRIORITY unsecu  | reu Cialili.              |                      |  |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  |               | <ul> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce</li> </ul> |                           |                      |  |  |  |  |
|     | _   |               | that you did not report as priority   |                           |                      |  |  |  |  |
|     | ☐ Check if this claim is for a community debt   |               | Debts to pension or profit-sharing  |                           |                      |  |  |  |  |
|     | Is the claim subject to offset?   |               | Other. Specify Utility Services   |                           |                      |  |  |  |  |
|     | <b>✓</b> No   |               |   |                           |                      |  |  |  |  |
|     | Yes   |               |   |                           |                      |  |  |  |  |

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| Laciesna   |             |           | Case number (if known) |
|------------|-------------|-----------|------------------------|
| First Name | Middle Name | Last Name |                        |

| Pa  | List All of Your NONPRIORITY Unsecured Claims   |   |                                     |
|-----|---|---|-------------------------------------|
|     | Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the Yes   |   |                                     |
|     | List all of your nonpriority unsecured claims in the alphabetical on nonpriority unsecured claim, list the creditor separately for each claim, included in Part 1. If more than one creditor holds a particular claim, list | For each claim listed, identify what type of clai   | m it is. Do not list claims already |
|     |   |   | Total claim                         |
| 17  | Elgin Furniture & Appliance   |   | Total claim                         |
| 4.7 |   | Last 4 digits of account number 5870  | <sub>\$</sub> 1,332.00              |
|     | Nonpriority Creditor's Name   | When was the debt incurred? 2016  | \$ <u>_1,002.00</u>                 |
|     | 26400 Lakeland Boulevard  | When was the debt incurred? 2016  | <del></del>                         |
|     | Number Street   |   |                                     |
|     |   | As of the date you file, the claim is: Check all the  | hat apply                           |
|     | Euclid OH 44132   | —   | пас арргу.                          |
|     | City State ZIP Code   | Contingent  |                                     |
|     | Who incurred the debt? Check one.   | Unliquidated  |                                     |
|     | Debtor 1 only   | Disputed  |                                     |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                                     |
|     | Debtor 1 and Debtor 2 only  | ☐ Student loans   |                                     |
|     | At least one of the debtors and another   | Obligations arising out of a separation agreemen  | nt or divorce                       |
|     | — At least one of the debtors and another   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and oth                             |                                     |
|     | ☐ Check if this claim is for a community debt   | Other. Specify Credit Account   | ier similar debts                   |
|     | Is the claim subject to offset?   | Other. Specify  |                                     |
|     | ✓ No  |   |                                     |
|     | Yes   |   |                                     |
| 4.8 | Huntington National Bank  | Last 4 digits of account number 6449  | <u>\$</u> 200.00                    |
|     | Nonpriority Creditor's Name   | When was the debt incurred? 2017  | <u>_</u>                            |
|     | 2361 Morse Road, NC2W12   |   |                                     |
|     | Number Street   | A 54 14 51 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                                     |
|     |   | As of the date you file, the claim is: Check all the  | hat apply.                          |
|     | Columbus OH 43229   | Contingent  |                                     |
|     | City State ZIP Code   | ☐ Unliquidated  |                                     |
|     | Who incurred the debt? Check one.   | ☐ Disputed  |                                     |
|     | ☑ Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |                                     |
|     | Debtor 2 only   | ☐ Student loans   |                                     |
|     | Debtor 1 and Debtor 2 only  | ☐ Obligations arising out of a separation agreemer  | nt or divorce                       |
|     | At least one of the debtors and another   | that you did not report as priority claims  |                                     |
|     | ☐ Check if this claim is for a community debt   | Debts to pension or profit-sharing plans, and oth   | ner similar debts                   |
|     | Is the claim subject to offset?   | Other. Specify Overdrawn Bank Account   |                                     |
|     | ✓ No  |   |                                     |
|     | Yes   |   |                                     |
| 4.9 | JC Penny / Synchrony Bank   | Last 4 digits of account number 6449  | 400.00                              |
|     | · · · · · · · · · · · · · · · · · · ·   | When was the debt incurred? 2017  | \$ <u>490.00</u>                    |
|     | Nonpriority Creditor's Name   | when was the debt incurred?   | _                                   |
|     | PO Box 965036  Number Street  |   |                                     |
|     | Number Street   | As of the date you file, the claim is: Check all the  | hat apply.                          |
|     | Orlando FL 32896  | _   |                                     |
|     | City State ZIP Code   | Contingent  |                                     |
|     | Who incurred the debt? Check one.   | Unliquidated  |                                     |
|     | Debtor 1 only   | Disputed  |                                     |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                                     |
|     | Debtor 1 and Debtor 2 only  | ☐ Student loans   |                                     |
|     | At least one of the debtors and another   | Obligations arising out of a separation agreemen  | nt or divorce                       |
|     | ☐ Check if this claim is for a community debt   | that you did not report as priority claims  | sar aimilar dabta                   |
|     | •   | <ul><li>□ Debts to pension or profit-sharing plans, and oth</li><li>□ Other. Specify</li><li>□ Credit Card Debt</li></ul> | iei Siiriildi üedis                 |
|     | Is the claim subject to offset?  No   | Curer. Openiny  |                                     |
|     | Voc   |   |                                     |

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| · 1 | Laoreona in | 55101       |           | Case number (if known) |
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|     | First Name  | Middle Name | Last Name |                        |

| Pai   | t 2: List All of Your NONPRIO  | RITY Un                    | secured Claims       |  |   |                     |
|-------|--|----------------------------|----------------------|--|---|---------------------|
|       | Do any creditors have nonpriority un No. You have nothing to report in the Yes   |                            | = -                  |  |   |                     |
|       | List all of your nonpriority unsecured nonpriority unsecured claim, list the cre included in Part 1. If more than one cre claims fill out the Continuation Page of | ditor separ<br>ditor holds | ately for each claim | . For each claim listed, identify wh   | at type of claim it is. Do not                | list claims already |
|       |  |                            |                      |  |   | Total claim         |
| 4.10  | Javitch Block  |                            |                      | Last 4 digits of account number  | 6449  |                     |
|       | Nonpriority Creditor's Name  |                            |                      |  |   | \$800.00            |
|       | 1100 Superior Avenue   |                            |                      | When was the debt incurred?  | 2017  |                     |
|       | Number Street  |                            |                      |  |   |                     |
|       | <u> </u>   | 011                        |                      | As of the date you file, the claim   | is: Check all that apply.                     |                     |
|       | Cleveland<br>City  | OH<br>State                | ZIP Code             | ☐ Contingent   |   |                     |
|       | Who incurred the debt? Check one.  | State                      | ZIF Code             | Unliquidated   |   |                     |
|       | Debtor 1 only  |                            |                      | ☐ Disputed   |   |                     |
|       | Debtor 2 only  |                            |                      | Type of NONPRIORITY unsecu   | ured claim:                                   |                     |
|       | Debtor 1 and Debtor 2 only   |                            |                      | <ul><li>Student loans</li><li>Obligations arising out of a sepal</li></ul>                     | ration agreement or divorce                   |                     |
|       | At least one of the debtors and another  |                            |                      | that you did not report as priority  | claims  |                     |
|       | ☐ Check if this claim is for a commu   | nity debt                  |                      | <ul><li>□ Debts to pension or profit-sharing</li><li>☑ Other. Specify Collection Age</li></ul> |   |                     |
|       | Is the claim subject to offset?  |                            |                      | Other. Specify Concountrings   | 110)  |                     |
|       | <b>☑</b> No  |                            |                      |  |   |                     |
| 4 4 4 | LVNV Funding   |                            |                      |  | 0440  | \$ 467.00           |
| 4.11  | LVIVV Funding  |                            |                      | Last 4 digits of account number When was the debt incurred?                                    | 2017  | \$467.00            |
|       | Nonpriority Creditor's Name PO Box 10497   |                            |                      | when was the dept incurred?  | 2017  |                     |
|       | Number Street  |                            |                      |  |   |                     |
|       |  |                            |                      | As of the date you file, the claim   | is: Check all that apply.                     |                     |
|       | Greenville   | SC                         | 29603                | Contingent   |   |                     |
|       | City Who incurred the debt? Check one.   | State                      | ZIP Code             | ☐ Unliquidated☐ Disputed   |   |                     |
|       | Debtor 1 only  |                            |                      | Type of NONPRIORITY unsecu   | ıred claim:                                   |                     |
|       | Debtor 2 only  |                            |                      | Student loans  | arca olami.                                   |                     |
|       | Debtor 1 and Debtor 2 only  At least one of the debtors and another  |                            |                      | Obligations arising out of a separate  | ration agreement or divorce                   |                     |
|       | _  |                            |                      | that you did not report as priority  Debts to pension or profit-sharing                        | claims  |                     |
|       | ☐ Check if this claim is for a commu   | nity debt                  |                      | Other. Specify Collection Age  | • •   |                     |
|       | Is the claim subject to offset?  |                            |                      | _ , ,  |   |                     |
|       | ✓ No<br>☐ Yes  |                            |                      |  |   |                     |
| 4.12  | Lending Club   |                            |                      | Last 4 digits of account number  | 6449  |                     |
|       | Nonpriority Creditor's Name  |                            |                      | When was the debt incurred?  | 2016  | \$ <u>5,258.00</u>  |
|       | 71 Stevenson Place. Suite 300  |                            |                      | Titlott that the dost mountain.  |   |                     |
|       | Number Street  |                            |                      |  |   |                     |
|       |  |                            |                      | As of the date you file, the claim   | is: Check all that apply.                     |                     |
|       | San Francisco<br>City  | CA<br>State                | 94105<br>ZIP Code    | Contingent   |   |                     |
|       | Who incurred the debt? Check one.  |                            |                      | ☐ Unliquidated☐ Disputed   |   |                     |
|       | Debtor 1 only Debtor 2 only  |                            |                      | Type of NONPRIORITY unsecu   | ıred claim:                                   |                     |
|       | Debtor 2 only  Debtor 1 and Debtor 2 only  |                            |                      | Student loans  |   |                     |
|       | At least one of the debtors and another  |                            |                      | Obligations arising out of a separation  |   |                     |
|       | ☐ Check if this claim is for a commu   | nity debt                  |                      | that you did not report as priority  | claims  |                     |
|       | Is the claim subject to offset?  | , 2000                     |                      | ☐ Debts to pension or profit-sharing ☐ Other. Specify Monies Loaned                            | g plans, and other similar debts d / Advanced |                     |
|       | No   |                            |                      |  |   |                     |
|       | Yes  |                            |                      |  |   |                     |
|       |  |                            |                      |  |   |                     |

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| Lacresna nester |             |           | Case number (if known) |
|-----------------|-------------|-----------|------------------------|
| First Name      | Middle Name | Last Name |                        |

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### List All of Your NONPRIORITY Unsecured Claims

|      | <ul> <li>Do any creditors have nonpriority unsecured claims against you?</li> <li>☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.</li> <li>✓ Yes</li> </ul> |               |                       |   |                                    |                         |  |
|------|---|---------------|-----------------------|---|------------------------------------|-------------------------|--|
| <br> | List all of your nonpriority unsecured clain nonpriority unsecured claim, list the creditor included in Part 1. If more than one creditor claims fill out the Continuation Page of Part                             | sepa<br>holds | rately for each clain | m. For each claim listed, identify wh                                   | at type of claim it is. Do not     | list claims already     |  |
|      |   |               |                       |   |                                    | Total claim             |  |
| 4.13 | Lending Tree  |               |                       | Last 4 digits of account number   | 6449                               | 000.00                  |  |
|      | Nonpriority Creditor's Name   |               |                       | _ •   | 2017                               | \$800.00                |  |
|      | 11115 Rushmore Drive  Number Street   |               |                       | When was the debt incurred?   | 2017                               |                         |  |
|      | Number Street   |               |                       |   |                                    |                         |  |
|      | Charlotte NC  |               | 28277                 | As of the date you file, the claim                                      | is: Check all that apply.          |                         |  |
|      | City State  | ;             | ZIP Code              | Contingent  |                                    |                         |  |
|      | Who incurred the debt? Check one.   |               |                       | Unliquidated  |                                    |                         |  |
|      | Debtor 1 only   |               |                       | ☐ Disputed  |                                    |                         |  |
|      | Debtor 2 only   |               |                       | Type of NONPRIORITY unsecu  | ured claim:                        |                         |  |
|      | Debtor 1 and Debtor 2 only  |               |                       | Student loans   |                                    |                         |  |
|      | At least one of the debtors and another   |               |                       | Obligations arising out of a separe that you did not report as priority | ration agreement or divorce claims |                         |  |
|      | ☐ Check if this claim is for a community of   | lebt          |                       | Debts to pension or profit-sharing                                      | g plans, and other similar debts   |                         |  |
|      | Is the claim subject to offset?   |               |                       | Other. Specify Monies Loaned  | u / Advanced                       |                         |  |
|      | ✓ No  |               |                       |   |                                    |                         |  |
|      | Yes   |               |                       |   |                                    |                         |  |
| 4.14 | Maxlend   |               |                       | Last 4 digits of account number   | 6449                               | \$500.00                |  |
|      | Nonpriority Creditor's Name   |               |                       | When was the debt incurred?   | 2017                               |                         |  |
|      | P.O. Box 639  |               |                       |   |                                    |                         |  |
|      | Number Street   |               |                       | As of the date you file, the claim                                      | is: Check all that apply.          |                         |  |
|      | Davidsell ND  |               | 50770                 | Contingent  |                                    |                         |  |
|      | Parshall ND City State  |               | 58770<br>ZIP Code     | Unliquidated  |                                    |                         |  |
|      | Who incurred the debt? Check one.   | =             | ZIF Code              | Disputed  |                                    |                         |  |
|      | Debtor 1 only   |               |                       | Type of NONPRIORITY unsecu  | ured claim:                        |                         |  |
|      | Debtor 2 only   |               |                       | ☐ Student loans   |                                    |                         |  |
|      | Debtor 1 and Debtor 2 only  |               |                       | ☐ Obligations arising out of a separ                                    | ration agreement or divorce        |                         |  |
|      | At least one of the debtors and another   |               |                       | that you did not report as priority                                     | claims                             |                         |  |
|      | ☐ Check if this claim is for a community of   | lebt          |                       | Debts to pension or profit-sharing  Other. Specify Monies Loaned        | g plans, and other similar debts   |                         |  |
|      | Is the claim subject to offset?   |               |                       | Other. Specify Worlles Loaned   | 1 / Auvanceu                       |                         |  |
|      | ✓ No  |               |                       |   |                                    |                         |  |
|      | Yes   |               |                       |   |                                    |                         |  |
| 1.15 | Navient   |               |                       | Last 4 digits of account number   | 0131                               | <sub>\$</sub> 27,124.00 |  |
|      | Nonpriority Creditor's Name   |               |                       | When was the debt incurred?   | 2017                               | φ,,121.00               |  |
|      | PO Box 9533   |               |                       |   |                                    |                         |  |
|      | Number Street   |               |                       | -   |                                    |                         |  |
|      |   |               |                       | As of the date you file, the claim                                      | is: Check all that apply.          |                         |  |
|      | Wilkes Barre PA   |               | 18773                 | Contingent  |                                    |                         |  |
|      | City Stat Who incurred the debt? Check one.   | 9             | ZIP Code              | Unliquidated  |                                    |                         |  |
|      | Debtor 1 only   |               |                       | Disputed  |                                    |                         |  |
|      | Debtor 2 only   |               |                       | Type of NONPRIORITY unsecu  | ıred claim:                        |                         |  |
|      | Debtor 1 and Debtor 2 only  |               |                       | ✓ Student loans   |                                    |                         |  |
|      | At least one of the debtors and another   |               |                       | ☐ Obligations arising out of a separ                                    |                                    |                         |  |
|      | ☐ Check if this claim is for a community of   | lebt          |                       | that you did not report as priority  Debts to pension or profit-sharing |                                    |                         |  |
|      | Is the claim subject to offset?   |               |                       | Other. Specify  | g piano, and other similar debts   |                         |  |
|      | ✓ No  |               |                       |   |                                    |                         |  |
|      | Yes   |               |                       |   |                                    |                         |  |

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Lacresha Hester First Name Middle Name Last Name

| Case number (if known | ) |
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### List All of Your NONPRIORITY Unsecured Claims

| 3.   | Do any creditors have nonpriority unsecured on No. You have nothing to report in this part. Sure Yes  |                      |  |  |                     |
|------|---|----------------------|--|--|---------------------|
|      | List all of your nonpriority unsecured claims in<br>nonpriority unsecured claim, list the creditor sepal<br>included in Part 1. If more than one creditor holds<br>claims fill out the Continuation Page of Part 2. | ately for each clair | m. For each claim listed, identify what                                    | at type of claim it is. Do not                 | list claims already |
|      |   |                      |  |  | Total claim         |
| 4.16 | Old Navy Nonpriority Creditor's Name  |                      | Last 4 digits of account number  | 6449   | \$ 800.00           |
|      | 6007 Green Pointe Drive   |                      | When was the debt incurred?  | 2017   | Ψ                   |
|      | Number Street   |                      |  |  |                     |
|      |   |                      | -  | _  |                     |
|      | Groveport OH  | 43125                | As of the date you file, the claim   | is: Check all that apply.                      |                     |
|      | City State  | ZIP Code             | Contingent   |  |                     |
|      | Who incurred the debt? Check one.   |                      | Unliquidated   |  |                     |
|      | Debtor 1 only   |                      | Disputed   |  |                     |
|      | Debtor 2 only   |                      | Type of NONPRIORITY unsecu   | ired claim:                                    |                     |
|      | Debtor 1 and Debtor 2 only  |                      | Student loans  |  |                     |
|      | ☐ At least one of the debtors and another   |                      | Obligations arising out of a separ that you did not report as priority     | ation agreement or divorce claims              |                     |
|      | ☐ Check if this claim is for a community debt   |                      | Debts to pension or profit-sharing  Other. Specify Credit Card De          | g plans, and other similar debts               |                     |
|      | Is the claim subject to offset?   |                      | _ one. open,   |  |                     |
|      | <b>✓</b> No   |                      |  |  |                     |
|      | ☐ Yes   |                      |  |  | 200.00              |
| 4.17 | Oxford Financial Services   |                      | Last 4 digits of account number  |  | \$ <u>800.00</u>    |
|      | Nonpriority Creditor's Name   |                      | When was the debt incurred?  | 2017   |                     |
|      | 3201 Enterprise Place   |                      |  |  |                     |
|      | Number Street   |                      | As of the date you file, the claim   | is: Check all that apply                       |                     |
|      |   |                      |  | 13. Oneok all that apply.                      |                     |
|      | Beachwood OH  | 44122                | Contingent   |  |                     |
|      | City State Who incurred the debt? Check one.  | ZIP Code             | Unliquidated   |  |                     |
|      | Debtor 1 only   |                      | Disputed   | d alaim.                                       |                     |
|      | Debtor 2 only   |                      | Type of NONPRIORITY unsecu   | irea ciaim:                                    |                     |
|      | Debtor 1 and Debtor 2 only  |                      | <ul><li>Student loans</li><li>Obligations arising out of a separ</li></ul> | ration agraement or diverse                    |                     |
|      | At least one of the debtors and another   |                      | that you did not report as priority  |  |                     |
|      | ☐ Check if this claim is for a community debt   |                      | ☐ Debts to pension or profit-sharing                                       |  |                     |
|      | Is the claim subject to offset?   |                      | Other. Specify Collection Age  | ncy  |                     |
|      | No  |                      |  |  |                     |
|      | Yes   |                      |  |  |                     |
| 4.18 |   |                      | Last 4 digits of account number  | 6449   | \$500.00            |
|      | Nonpriority Creditor's Name   |                      | When was the debt incurred?  | 2017   | *                   |
|      | PO Box 856177   |                      |  |  |                     |
|      | Number Street   |                      | As of the date you file, the claim   | is: Check all that apply.                      |                     |
|      | Louisville KY   | 40285                | Contingent   |  |                     |
|      | City State  | ZIP Code             | Unliquidated   |  |                     |
|      | Who incurred the debt? Check one.   |                      | Disputed   |  |                     |
|      | ☐ Debtor 1 only ☐ Debtor 2 only   |                      | Type of NONPRIORITY unsecu   | ıred claim.                                    |                     |
|      | Debtor 2 only  Debtor 1 and Debtor 2 only   |                      | Student loans  | viuiiii.                                       |                     |
|      | At least one of the debtors and another   |                      | Obligations arising out of a separ   | ration agreement or divorce                    |                     |
|      | _   |                      | that you did not report as priority  |  |                     |
|      | Listhe claim subject to offset?   |                      | Debts to pension or profit-sharing Other. Specify Overdrawn Bar            | g plans, and other similar debts<br>nk Account |                     |
|      | Is the claim subject to offset?  No  Yes  |                      | Cuter. Specify   |  |                     |

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Lacresha Hester

| Lacrosna   | 1103101     |           | Case number (# known) |
|------------|-------------|-----------|-----------------------|
| First Name | Middle Name | Last Name |                       |

| Pa   | t 2: List All of Your NONPRIORITY Unsecured Claims   |   |                        |
|------|--|---|------------------------|
|      | Do any creditors have nonpriority unsecured claims against you.  No. You have nothing to report in this part. Submit this form to the Yes  |   |                        |
|      | List all of your nonpriority unsecured claims in the alphabetical on nonpriority unsecured claim, list the creditor separately for each claim included in Part 1. If more than one creditor holds a particular claim, licalims fill out the Continuation Page of Part 2. | . For each claim listed, identify what type of claim it is. Do not  | list claims already    |
|      |  |   | Total claim            |
| 4.19 | Paypal   | Last 4 digits of account number 6449  | <sub>\$</sub> 200.00   |
|      | Nonpriority Creditor's Name P.O. Box 960080  Number Street   | When was the debt incurred? 2016  | \$ <u></u>             |
|      |  | As of the data you file the slaim is Cheek all that apply   |                        |
|      | Orlando FL 32896   | As of the date you file, the claim is: Check all that apply.  |                        |
|      | City State ZIP Code  | ☐ Contingent ☐ Unliquidated   |                        |
|      | Who incurred the debt? Check one.  | ☐ Disputed  |                        |
|      | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |                        |
|      | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | ☐ Student loans   |                        |
|      | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                         |                        |
|      | Check if this plains in fau a community data   | Debts to pension or profit-sharing plans, and other similar debts   |                        |
|      | Check if this claim is for a community debt  | Other. Specify Credit Card Debt   |                        |
|      | Is the claim subject to offset?  |   |                        |
|      | Yes  |   |                        |
| 4.20 | Portfolio Recovery Associates  | Last 4 digits of account number 6449  | \$501.00               |
|      | Nonpriority Creditor's Name  | When was the debt incurred? 2017  |                        |
|      | 120 Corporate Blvd., Suite 1   |   |                        |
|      | Number Street  | As of the date you file, the claim is: Check all that apply.  |                        |
|      | Nortella NA 00500  | ☐ Contingent  |                        |
|      | Norfolk         VA         23502           City         State         ZIP Code   | ☐ Unliquidated  |                        |
|      | Who incurred the debt? Check one.  | ☐ Disputed  |                        |
|      | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |                        |
|      | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | Student loans   |                        |
|      | At least one of the debtors and another  | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |                        |
|      | ☐ Check if this claim is for a community debt  | Debts to pension or profit-sharing plans, and other similar debts   |                        |
|      | Is the claim subject to offset?  | Other. Specify Collection Agency  |                        |
|      | No   |   |                        |
|      | Yes  |   |                        |
| 4.21 | Progressive Leasing  | Last 4 digits of account number 6449  | <sub>\$</sub> 1,800.00 |
|      | Nonpriority Creditor's Name  | When was the debt incurred? 2017  | \$1,000.00             |
|      | 256 West Data Drive  |   |                        |
|      | Number Street  | A - of the data was file the alabasis Oberland Hills to all   |                        |
|      | December 117 04000   | As of the date you file, the claim is: Check all that apply.  |                        |
|      | Draper         UT         84020           City         State         ZIP Code  | Contingent  |                        |
|      | Who incurred the debt? Check one.  | ☐ Unliquidated ☐ Disputed   |                        |
|      | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |                        |
|      | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | Student loans   |                        |
|      | At least one of the debtors and another  | ☐ Obligations arising out of a separation agreement or divorce  |                        |
|      | ☐ Check if this claim is for a community debt  | that you did not report as priority claims  |                        |
|      | •  | <ul> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify</li> </ul>               |                        |
|      | Is the claim subject to offset?  | Galor. Opposit  |                        |

Yes

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Lacresha Hester

| Deblor i |            |             |           | Case number (# known) |
|----------|------------|-------------|-----------|-----------------------|
|          | First Name | Middle Name | Last Name |                       |

| Pai  | rt 2: List All of Your NONPRIC  | RITY Un                      | secured Claims        |  |  |                       |
|------|---|------------------------------|-----------------------|--|--|-----------------------|
|      | Do any creditors have nonpriority u No. You have nothing to report in t Yes   |                              |                       |  |  |                       |
|      | List all of your nonpriority unsecure nonpriority unsecured claim, list the creincluded in Part 1. If more than one creclaims fill out the Continuation Page of | editor separ<br>editor holds | rately for each claim | . For each claim listed, identify who                                      | at type of claim it is. Do not                   | list claims already   |
|      |   |                              |                       |  |  | Total claim           |
| 4.22 | Sprint Nonpriority Creditor's Name  |                              |                       | Last 4 digits of account number  | 6449   | s 400.00              |
|      | 6200 Sprint Parkway   |                              |                       | When was the debt incurred?  | 2017   | ·                     |
|      | Number Street   |                              |                       | As of the date you file, the claim   | is: Check all that apply                         |                       |
|      | Shawnee Mission   | KS                           | 66251                 |  | ioi ondok ali tilat appiy.                       |                       |
|      | City  Who incurred the debt? Check one.  ✓ Debtor 1 only  | State                        | ZIP Code              | ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecu         | ured claim:                                      |                       |
|      | Debtor 2 only   |                              |                       | Student loans  | ireu ciaiiii.                                    |                       |
|      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and anothe   | r                            |                       | Obligations arising out of a separ that you did not report as priority     | claims   |                       |
|      | ☐ Check if this claim is for a comm   | unity debt                   |                       | Debts to pension or profit-sharing  Other. Specify Telephone / Ini         | g plans, and other similar debts ternet services |                       |
|      | Is the claim subject to offset?  ✓ No  ☐ Yes  |                              |                       | canon opening  |  |                       |
| 4.23 | Velocity Investments, LLC   |                              |                       | Last 4 digits of account number  |  | <sub>\$</sub> Unknown |
|      | Nonpriority Creditor's Name<br>1800 Route 34N, Suite 305  |                              |                       | When was the debt incurred?  | 2018   |                       |
|      | Number Street   |                              |                       | As of the date you file, the claim   | is: Check all that apply.                        |                       |
|      | Belmar  | NJ                           | 07719                 | Contingent   |  |                       |
|      | City Who incurred the debt? Check one.  ✓ Debtor 1 only   | State                        | ZIP Code              | Unliquidated Disputed  |  |                       |
|      | Debtor 2 only   |                              |                       | Type of NONPRIORITY unsecu   | ired claim:                                      |                       |
|      | Debtor 1 and Debtor 2 only  |                              |                       | <ul><li>Student loans</li><li>Obligations arising out of a separ</li></ul> | ation agreement or divorce                       |                       |
|      | At least one of the debtors and anothe  | r                            |                       | that you did not report as priority  | claims   |                       |
|      | ☐ Check if this claim is for a comm   | unity debt                   |                       | ☐ Debts to pension or profit-sharing ☐ Other. Specify Judgment Lien:       |  |                       |
|      | Is the claim subject to offset?  No Yes   |                              |                       | Ciries. Opeciny coasyon 2.0.   |  |                       |
| 4.24 | Walmart/Synchrony Bank  |                              |                       | Last 4 digits of account number  | 6449   | <sub>\$</sub> 400.00  |
|      | Nonpriority Creditor's Name   |                              |                       | When was the debt incurred?  | 2017   | Ψ                     |
|      | PO Box 530927   |                              |                       |  |  |                       |
|      | Number Street   |                              |                       | As of the date you file, the claim   | is: Check all that apply.                        |                       |
|      | Atlanta   | GA                           | 30353                 | Contingent   |  |                       |
|      | City Who incurred the debt? Check one.  | State                        | ZIP Code              | Unliquidated   |  |                       |
|      | Debtor 1 only   |                              |                       | Disputed   |  |                       |
|      | Debtor 2 only   |                              |                       | Type of NONPRIORITY unsecu   | ıred claim:                                      |                       |
|      | Debtor 1 and Debtor 2 only  At least one of the debtors and anothe  | r                            |                       | <ul><li>Student loans</li><li>Obligations arising out of a separ</li></ul> | ration agreement or diverse                      |                       |
|      | _   |                              |                       | that you did not report as priority  | claims   |                       |
|      | ☐ Check if this claim is for a comm   | unity debt                   |                       | ☐ Debts to pension or profit-sharing ☐ Other. Specify Credit Card De       | g plans, and other similar debts                 |                       |
|      | Is the claim subject to offset?  No   |                              |                       | Other. Specify   |  |                       |
|      | Yes   |                              |                       |  |  |                       |

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Lacresha Hester Case number (if known)\_

|         | First Name    | Middle Name  | Last Name             |  |
|---------|---------------|--------------|-----------------------|--|
|         |               |              |                       |  |
| Part 2: | List All of Y | our NONPRIOF | RITY Unsecured Claims |  |

| ı a  | Elst All of Tour Note Hotel   |                    | courca olamiis       |  |                                  |                      |
|------|---|--------------------|----------------------|--|----------------------------------|----------------------|
| 3.   | Do any creditors have nonpriority unsection. You have nothing to report in this purely Yes  |                    | •                    |  |                                  |                      |
|      | List all of your nonpriority unsecured cla<br>nonpriority unsecured claim, list the credito<br>included in Part 1. If more than one credito<br>claims fill out the Continuation Page of Par | r separ<br>r holds | ately for each claim | . For each claim listed, identify who                                  | at type of claim it is. Do not   | list claims already  |
|      |   |                    |                      |  |                                  | Total claim          |
| 4.25 | WeBBank Loans   |                    |                      |  | C440                             |                      |
|      | Nonpriority Creditor's Name   |                    |                      | Last 4 digits of account number  | 0449                             | <sub>\$</sub> 500.00 |
|      | 6250 Ridgewood Road   |                    |                      | When was the debt incurred?  | 2017                             |                      |
|      | Number Street   |                    |                      |  |                                  |                      |
|      |   |                    |                      |  |                                  |                      |
|      | Saint Cloud M   | N                  | 56404                | As of the date you file, the claim                                     | is: Check all that apply.        |                      |
|      | City Sta  |                    | ZIP Code             | ☐ Contingent   |                                  |                      |
|      | Who incurred the debt? Check one.   |                    |                      | Unliquidated   |                                  |                      |
|      | Debtor 1 only   |                    |                      | ☐ Disputed   |                                  |                      |
|      | Debtor 2 only   |                    |                      | Type of NONPRIORITY unsecu   | ıred claim:                      |                      |
|      | Debtor 1 and Debtor 2 only  |                    |                      | Student loans  |                                  |                      |
|      | ☐ At least one of the debtors and another   |                    |                      | Obligations arising out of a separ that you did not report as priority |                                  |                      |
|      | ☐ Check if this claim is for a community  | debt               |                      | ☐ Debts to pension or profit-sharing                                   | g plans, and other similar debts |                      |
|      | Is the claim subject to offset?   |                    |                      | Other. Specify Monies Loaned   | d / Advanced                     |                      |
|      | No  |                    |                      |  |                                  |                      |
|      | Yes   |                    |                      |  |                                  |                      |
| 4.26 | WeBBank/Fingerhut   |                    |                      | Last 4 digits of account number  | 6449                             | \$ 450.00            |
|      | ı   |                    |                      | When was the debt incurred?  | 2017                             |                      |
|      | Nonpriority Creditor's Name 6250 Ridgewood Road   |                    |                      |  |                                  |                      |
|      | Number Street   |                    | <del></del>          |  |                                  |                      |
|      |   |                    |                      | As of the date you file, the claim                                     | is: Check all that apply.        |                      |
|      | Saint Cloud M   | N                  | 56404                | ☐ Contingent   |                                  |                      |
|      | City Sta  | ate                | ZIP Code             | Unliquidated   |                                  |                      |
|      | Who incurred the debt? Check one.  Debtor 1 only  |                    |                      | ☐ Disputed   |                                  |                      |
|      | Debtor 2 only   |                    |                      | Type of NONPRIORITY unsecu   | ıred claim:                      |                      |
|      | Debtor 1 and Debtor 2 only  |                    |                      | Student loans  |                                  |                      |
|      | At least one of the debtors and another   |                    |                      | Obligations arising out of a separ that you did not report as priority |                                  |                      |
|      | ☐ Check if this claim is for a community  | dobt               |                      | Debts to pension or profit-sharing                                     |                                  |                      |
|      |   | uebi               |                      | Other. Specify Credit Card De  |                                  |                      |
|      | Is the claim subject to offset?   |                    |                      |  |                                  |                      |
|      | ✓ No ☐ Yes  |                    |                      |  |                                  |                      |
| 1.27 | ,   |                    |                      | Last 4 digits of account number  | 6449                             |                      |
|      | Woodforest  |                    |                      |  |                                  | \$ <u>600.00</u>     |
|      | Nonpriority Creditor's Name   |                    |                      | When was the debt incurred?  | 2017                             |                      |
|      | PO Box 7889   |                    |                      |  |                                  |                      |
|      | Number Street   |                    |                      | As of the date you file, the claim                                     | is: Check all that apply.        |                      |
|      | Spring TX   | X                  | 77387                | ☐ Contingent   | ,                                |                      |
|      | City Sta  | ate                | ZIP Code             | Unliquidated   |                                  |                      |
|      | Who incurred the debt? Check one.   |                    |                      | Disputed   |                                  |                      |
|      | Debtor 1 only Debtor 2 only   |                    |                      | Type of NONPRIORITY unsecu   | ıred claim.                      |                      |
|      | Debtor 1 and Debtor 2 only  |                    |                      | Student loans  |                                  |                      |
|      | At least one of the debtors and another   |                    |                      | Obligations arising out of a separ                                     | ration agreement or divorce      |                      |
|      |   |                    |                      | that you did not report as priority                                    |                                  |                      |
|      | ☐ Check if this claim is for a community  | debt               |                      | Debts to pension or profit-sharing                                     | g plans, and other similar debts |                      |
|      | Is the claim subject to offset?   |                    |                      | Other. Specify Overdrawn Bai   | nik Account                      |                      |
|      | ✓ No  |                    |                      |  |                                  |                      |
|      | Yes   |                    |                      |  |                                  |                      |

Debtor 1

 Lacresha
 Hester
 Case number (if known)

 First Name
 Middle Name
 Last Name

Part 3:

### List Others to Be Notified About a Debt That You Already Listed

| Line 4.23 of   Check one :   Part 1: Creditors with Nonpriority Unsecured   Part 2: Creditors with Nonpriority Unsecured   Part 2: Creditors with Nonpriority Unsecured   Part 2: Creditors with Nonpriority Unsecured   Part 3: Creditors with Nonpriority Unsecured   Part 4: Creditors with Nonpriority Unsecured   Part 5: Creditors with Nonpriority Unsec  | s page.     |
|--|-------------|
| Cleveland  |             |
| Cleveland  | ed Claims   |
| Cleving   State   ZiP Code   | cured Claim |
| On which entry in Part 1 or Part 2 did you list the original creditor?    Number   Street  |             |
| Line of (Check one):   Part 1: Creditors with Priority Unsecured   |             |
| Line of (Check one): Part 1: Creditors with Priority Unsecured   Part 2: Creditors with Nonpriority Unsecured   Part 2: Creditors with Nonpriority Unsecured   Part 2: Creditors with Nonpriority Unsecured   Part 2: Creditors with Priority Unsecured   Part 3: Creditors with Priority Unsecured   Part 4: Creditors with Priority Unsecured   Part 5: Creditors with Priority Unsecured   Part 6: Creditors with Priority Unsecured   Part 7: Creditors with             | ,           |
| Claims   Part 2: Creditors with Nonpriority Unsecuce   Claims   Part 2: Creditors with Nonpriority Unsecuce   Claims   Part 2: Creditors with Nonpriority Unsecuce   Claims   Part 2: Creditors with Priority Unsecuce   Part 2: Creditors with Nonpriority Unsecuce   Part 3: Creditors with Nonpriority Unsecuce   Part 4: | od Claims   |
| Claims  Last 4 digits of account number    Claims   Line   |             |
| On which entry in Part 1 or Part 2 did you list the original creditor?    Number   Street  | ecurea      |
| Line of (Check one):   Part 1: Creditors with Priority Unsecured   Claims   Part 2: Creditors with Nonpriority Unsecured   Claims   Part 2: Creditors with Nonpriority Unsecured   Part 3: Creditors with Nonpriority Unsecured   Part 4: Creditors with Priority Unsecured   Part 5: Creditors with Priority Unsecured   Part 6: Creditors with Priority Unsecured   Part 7:        |             |
| Line of (Check one):   Part 1: Creditors with Priority Unsecured   | )           |
| Part 2: Creditors with Nonpriority Unsecuce  | ad 01-1-    |
| Claims  Last 4 digits of account number  Name  Line of (Check one): Part 1: Creditors with Priority Unsecured Part 2: Creditors with Nonpriority Unsecured Part 2: Creditors with Nonpriority Unsecured Part 2: Creditors with Nonpriority Unsecured Part 2: Creditors with Priority Unsecured Part 2: Creditors with Nonpriority Unsecured Part 2: Creditors with Nonpriority Unsecured Part 2: Creditors with Priority Unsecured Part 2: Creditors with Nonpriority Unsecured Part 2: Creditors with Nonpriority Unsecured Part 2: Creditors with Priority Unsecured Part 2: Creditors with Priority Unsecured Part 2: Creditors with Priority Unsecured   |             |
| On which entry in Part 1 or Part 2 did you list the original creditor?    City   State   ZIP Code  | ecured      |
| On which entry in Part 1 or Part 2 did you list the original creditor?  Line of (Check one):   |             |
| Line of (Check one):   Part 1: Creditors with Priority Unsecured   Part 2: Creditors with Nonpriority Unsecured   Part 2: Creditors with Nonpriority Unsecured   Part 2: Creditors with Nonpriority Unsecured   Claims   Last 4 digits of account number   |             |
| Part 2: Creditors with Nonpriority Unsecut   Claims  | ,           |
| Claims  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Line of (Check one): Part 1: Creditors with Priority Unsecured Part 2: Creditors with Nonpriority Unsecured Part 2: Creditors with Nonpriority Unsecured Part 3: Creditors with Nonpriority Unsecured Part 4: Creditors with Priority Unsecured Part 5: Creditors with Priority Unsecured Part 6: Creditors with Priority Unsecured Part 7: Creditors with Priority Unsecured Part 7: Creditors with Nonpriority Unsecured Part 8: Creditors with Priority Unsecured Par  | ed Claims   |
| On which entry in Part 1 or Part 2 did you list the original creditor?  Line of (Check one):   | ecured      |
| Line of (Check one):   Part 1: Creditors with Priority Unsecured   Part 2: Creditors with Nonpriority Unsecured   Claims   |             |
| Line of (Check one):   | •           |
| Part 2: Creditors with Nonpriority Unsecutors  |             |
| Claims  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Line of (Check one):  |             |
| Last 4 digits of account number    City  | ecured      |
| On which entry in Part 1 or Part 2 did you list the original creditor?  Line of (Check one):   |             |
| Name       Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured         Number       Street       ☐ Part 2: Creditors with Nonpriority Unsecured         Claims       Last 4 digits of account number         Name       On which entry in Part 1 or Part 2 did you list the original creditor?         Number       Street       ☐ Part 1: Creditors with Priority Unsecured         Number       Street       ☐ Part 2: Creditors with Nonpriority Unsecured         Claims       ☐ Part 2: Creditors with Nonpriority Unsecured   |             |
| Line of (Check one):   | •           |
| Part 2: Creditors with Nonpriority Unsecutority   Claims   | ed Claims   |
| Claims  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Line of (Check one): Part 1: Creditors with Priority Unsecured  Part 2: Creditors with Nonpriority Unsecured  Claims  |             |
| On which entry in Part 1 or Part 2 did you list the original creditor?  Line of (Check one): Part 1: Creditors with Priority Unsecured  Part 2: Creditors with Nonpriority Unsecured  Claims   |             |
| On which entry in Part 1 or Part 2 did you list the original creditor?  Line of (Check one):  Part 1: Creditors with Priority Unsecured Part 2: Creditors with Nonpriority Unsecured Claims  |             |
| Line of (Check one): Part 1: Creditors with Priority Unsecured    Part 2: Creditors with Nonpriority Unsecured   |             |
| Number Street  Part 2: Creditors with Nonpriority Unsecu Claims  | •           |
| Claims  Last 4 digits of account number  |             |
|  | ecured      |
| act 4 digits of account number   |             |
| City State ZIP Code Last 4 digits of account number  |             |

Last Name

Middle Name

Case number (if known)\_

Part 4:

### Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                             |  |            | Total claim |              |
|-----------------------------|--|------------|-------------|--------------|
| Total claims<br>from Part 1 | 6a. Domestic support obligations   | 6a.        | \$          | 0.00         |
|                             | 6b. Taxes and certain other debts you owe the government   | 6b.        | \$          | 0.00         |
|                             | 6c. Claims for death or personal injury while you were intoxicated   | 6c.        | \$          | 0.00         |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.   | 6d.        | + \$        | 0.00         |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.   | 6e.        | \$          | 0.00         |
|                             |  |            |             |              |
|                             |  |            | Total claim |              |
| Total claims                | 6f. Student loans  | 6f.        | Total claim | 27,124.00    |
| Total claims<br>from Part 2 | <ul><li>6f. Student loans</li><li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li></ul>  | 6f.<br>6g. |             | 27,124.00    |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority   |            | \$          | <del>-</del> |
|                             | <ul> <li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>6h. Debts to pension or profit-sharing plans, and other</li> </ul> | 6g.        | \$\$        | 0.00         |

| Fill in this information to identify your case:                  |                 |             |           |  |  |  |
|--|-----------------|-------------|-----------|--|--|--|
| Debtor   | Lacresha Hester |             |           |  |  |  |
|  | First Name      | Middle Name | Last Name |  |  |  |
| Debtor 2   |                 |             |           |  |  |  |
| (Spouse If filing)   | First Name      | Middle Name | Last Name |  |  |  |
| United States Bankruptcy Court for the Northern District of Ohio |                 |             |           |  |  |  |
| Case number (If known)   |                 |             | _         |  |  |  |

Check if this is an amended filing

# Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or company with whom y | ou have the contract or lease         | State what the contract or lease is for |
|-----|-------------------------------|---------------------------------------|---|
| 2.1 |                               |                                       |   |
|     | Name                          |                                       |   |
|     | Street                        |                                       |   |
|     | City Stat                     | te ZIP Code                           |   |
| 2.2 |                               |                                       |   |
|     | Name                          |                                       |   |
|     | Street                        | · · · · · · · · · · · · · · · · · · · |   |
|     | City Stat                     | te ZIP Code                           |   |
| 2.3 |                               |                                       |   |
|     | Name                          |                                       |   |
|     | Street                        |                                       |   |
|     | City State                    | te ZIP Code                           |   |
| 2.4 |                               |                                       |   |
|     | Name                          |                                       |   |
|     | Street                        |                                       |   |
|     | City Stat                     | te ZIP Code                           |   |
| 2.5 |                               |                                       |   |
|     | Name                          |                                       |   |
|     | Street                        |                                       |   |
|     | City Stat                     | te ZIP Code                           |   |

| E:II :-      | a Abia i                            | oformation to i  | dontific voice onco   |   |                   |  |  |
|--------------|-------------------------------------|--|---|---|-------------------|--|--|
| FIII II      | i this ii                           | normation to i   | dentify your case   |   |                   |  |  |
| Debto        | or 1                                | Lacresha Hes   | ter<br>Middle Na  |   | LastNama          |  |  |
| Debto        | nr 2                                | First Name   | Middle Na   | me  | Last Name         |  |  |
| 1            |                                     | ) First Name   | Middle Na   | me  | Last Name         |  |  |
| United       | d States                            | Bankruptcy Cour  | t for the: Northern Dis   | strict of Ohio  |                   |  |  |
| Case         | number                              |  |   |   | ,                 | •  |  |
| (If kno      |                                     |  |   |   | _                 |  | Check if this is ar  |
|              |                                     |  |   |   |                   |  | amended filing   |
| Offic        | cial I                              | Form 106   | 3H  |   |                   |  |  |
|              |                                     |  | our Code  | ebtors  |                   |  | 12/15  |
| 1. Do        | o you h Yes Vithin the rizona, Yes. | the entries in t<br>(if known). Ar<br>have any codel<br>he last 8 years<br>California, Idah<br>Go to line 3.<br>Did your spous<br>do<br>'es. In which co | he boxes on the leaswer every quest<br>otors? (If you are find, have you lived in the control on th | eft. Attach the ion.  ling a joint case a community ada, New Mexicor legal equival erritory did you | e, do not list ei | ther spouse and the or territory or, Texas, Was ou at the time | y? (Community property states and territories include shington, and Wisconsin.)  |
|              | ī                                   | Number Stre  | eet   |   |                   |  | _  |
|              | -                                   | City   |   | State   |                   | ZIP Code   | _  |
| si<br>S<br>S | hown in<br>Schedul<br>Schedul       | n line 2 again a<br>le D (Official Fo  | as a codebtor only<br>orm 106D), <i>Sched</i><br>dule G to fill out C   | / if that persor<br>ule E/F (Officia  | is a guarant      | or or cosign   | or if your spouse is filing with you. List the person her. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the debt |
|              |                                     |  |   |   |                   |  | Check all schedules that apply:  |
| 3.1          |                                     |  |   |   |                   |  |  |
|              | Name                                |  |   |   |                   |  | Schedule D, line   |
|              |                                     |  |   |   |                   |  | Schedule E/F, line   |
|              | Street                              |  |   |   |                   |  | Schedule G, line   |
|              | City                                |  |   | State   |                   | ZIP Code   |  |
| 3.2          |                                     |  |   |   |                   |  |  |
|              | Name                                |  |   |   |                   |  | Schedule D, line   |
|              |                                     |  |   |   |                   |  | Schedule E/F, line   |
|              | Street                              |  |   |   |                   |  | Schedule G, line   |
|              | City                                |  |   | State   |                   | ZIP Code   |  |
| 3.3          |                                     |  |   |   |                   |  |  |
|              | Name                                |  |   |   |                   |  | Schedule D, line   |
|              |                                     |  |   |   |                   |  | Schedule E/F, line   |
|              | Street                              |  |   |   |                   |  | Schedule G. line   |

Official Form 106H Schedule H: Your Codebtors 19-10415-aih Doc 1 FILED 01/25/19 ENTERED 01/25/19 12:45:55 Page 37 of 68

ZIP Code

| Fill in this information to identify  | your case:  |  |                             |                                |   |   |
|---|---|--|-----------------------------|--------------------------------|---|---|
| Lacresha Heste  | er  |  |                             |                                |   |   |
| Debtor 1 First Name   | Middle Name   | Last Name                                  | <del></del>                 |                                |   |   |
| Debtor 2 (Spouse, if filing) First Name   | Middle Name   | Last Name                                  |                             |                                |   |   |
| United States Bankruptcy Court for the:   | Northern District of Ohio   |  |                             |                                |   |   |
| Case number   |   | ,  |                             | Check if thi                   | s is:   |   |
| (If known)  |   |  |                             |                                | nded filing                                   |   |
|   |   |  |                             |                                | ement showing post<br>as of the following d   |   |
| Official Form 106I  | _   |  |                             | MM / DD                        |   |   |
| Schedule I: You   | ır Income   |  |                             |                                |   | 12/15                                   |
| Be as complete and accurate as posupplying correct information. If you are separated and your spouseparate sheet to this form. On the | ou are married and not fil<br>use is not filing with you,<br>e top of any additional pa | ling jointly, and yo<br>do not include inf | our spouse is formation abo | living with yo<br>ut your spou | ou, include informationse. If more space is n | n about your spouse.<br>eeded, attach a |
| Fill in your employment   |   |  |                             |                                |   |   |
| information.  |   | Debtor 1                                   |                             |                                | Debtor 2 or non-fi                            | ling spouse                             |
| If you have more than one job, attach a separate page with  | Employment status   | Employed                                   |                             |                                | Employed                                      |   |
| information about additional<br>employers.  | Employment status   | ☐ Not employ                               | red .                       |                                | Not employed                                  |   |
| Include part-time, seasonal, or self-employed work.   |   | NI   |                             |                                |   |   |
| Occupation may include student  | Occupation  | Nurse                                      |                             |                                |   |   |
| or homemaker, if it applies.  | Franks, walls as a second   | Franklin Pla                               | aza                         |                                |   |   |
|   | Employer's name   |  |                             | <del></del>                    |   |   |
|   | Employer's address  |  | din Bouleva                 | rd                             | Number Street                                 |   |
|   |   | Number Street                              |                             |                                | Number Street                                 |   |
|   |   |  |                             |                                |   |   |
|   |   | Cleveland,                                 | OH 44113<br>State ZIP 0     | ode.                           | City  | State ZIP Code                          |
|   | How long employed the   | ,  | otate Zii (                 | ouc                            | Oity  | otate Zii oode                          |
|   |   |  |                             |                                |   |   |
| Part 2: Give Details About  | Monthly Income  |  |                             |                                |   |   |
| Estimate monthly income as of   |   | m. If you have noth                        | ing to report fo            | r any line, writ               | e \$0 in the space. Inclu                     | ude your non-filing                     |
| spouse unless you are separated<br>If you or your non-filing spouse habelow. If you need more space, a                                | ave more than one employ  |  | ormation for all            | employers for                  | that person on the line                       | es                                      |
|   |   |  | For                         | Debtor 1                       | For Debtor 2 or non-filing spouse             |   |
| List monthly gross wages, sal-<br>deductions). If not paid monthly,   |   |  | 2. <sub>\$</sub> 4          | ,034.03                        | \$  |   |
| 3. Estimate and list monthly over   | rtime pay.  |  | 3. <b>+</b> \$              | 0.00                           | + \$  |   |
| 4. Calculate gross income. Add li   | ine 2 + line 3.   |  | 4. \$2                      | ,034.03                        | \$  |   |

Official Form 106l Schedule I: Your Income page 1

Case number (if known)

|             | The Halle   |            |             |                 |      |                                  |              |      |                      |
|-------------|---|------------|-------------|-----------------|------|----------------------------------|--------------|------|----------------------|
|             |   |            | Fo          | or Debtor 1     |      | For Debtor 2 or non-filing spous | e            |      |                      |
| c           | Copy line 4 here  | <b>→</b> 4 | \$          | 4,034.03        |      | \$                               |              |      |                      |
|             | ist all payroll deductions:   |            | Ψ_          |                 |      | *                                |              |      |                      |
|             | 5a. Tax, Medicare, and Social Security deductions   | 5a.        | \$          | 538.55          |      | \$                               |              |      |                      |
|             | 5b. Mandatory contributions for retirement plans  | 5b.        | \$          | 0.00            |      | \$                               |              |      |                      |
|             | 5c. Voluntary contributions for retirement plans  | 5c.        | \$          | 0.00            |      | \$                               |              |      |                      |
|             | 5d. Required repayments of retirement fund loans  | 5d.        | \$          | 0.00            |      | \$                               |              |      |                      |
|             | 5e. Insurance   | 5e.        | \$          | 0.00            |      | \$                               |              |      |                      |
|             | 5f. Domestic support obligations  | 5f.        | \$          | 0.00            |      | \$                               |              |      |                      |
|             | 5g. Union dues  | 5g.        | \$          | 0.00            |      | \$                               |              |      |                      |
|             | 5h. Other deductions. Specify:  | 5h.        | +\$         |                 |      | + \$                             |              |      |                      |
|             | one databases. Opening.   | 011.       | · φ_<br>\$  |                 |      | \$                               |              |      |                      |
|             | <del></del>   |            | Ψ_<br>\$    |                 |      | \$                               | -            |      |                      |
|             |   |            | \$          |                 |      | \$                               | _            |      |                      |
|             | Add the neural deductions Add lines to 1 th 1 to 1 th 1 to 1 th 1 to 1 th   | •          | Φ.          | 538.55          |      | <b>C</b>                         | _            |      |                      |
|             | Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.  |            | \$_<br>\$   | 3,495.48        |      | \$<br>\$                         | _            |      |                      |
| 7.          | Calculate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | Ф_          | 0,100.10        |      | Ψ                                | _            |      |                      |
| 8. <b>L</b> | List all other income regularly received:   |            |             |                 |      |                                  |              |      |                      |
|             | 8a. Net income from rental property and from operating a business, profession, or farm  |            |             |                 |      |                                  |              |      |                      |
|             | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a.        | \$_         | 0.00            |      | \$                               |              |      |                      |
|             | 8b. Interest and dividends  | 8b.        | \$          | 0.00            |      | \$                               |              |      |                      |
|             | 8c. Family support payments that you, a non-filing spouse, or a depend regularly receive  | ent        | -           |                 |      |                                  |              |      |                      |
|             | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.        | \$_         | 0.00            |      | \$                               | _            |      |                      |
|             | 8d. Unemployment compensation   | 8d.        | \$_         | 0.00            |      | \$                               |              |      |                      |
|             | 8e. Social Security   | 8e.        | \$_         | 0.00            |      | \$                               |              |      |                      |
|             | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | nce<br>8f. | \$_         | 0.00            |      | \$                               |              |      |                      |
|             | •   |            | •           | 0.00            |      | •                                |              |      |                      |
|             | 8g. Pension or retirement income  | 8g.        | \$_         |                 |      | \$                               |              |      |                      |
|             | 8h. Other monthly income. Specify:  | 8h.        | + \$_       | 0.00            |      | +\$                              |              |      |                      |
| 9.          | <b>Add all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9.         | \$_         | 0.00            |      | \$                               |              |      |                      |
|             | Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.        | \$_         | 3,495.48        | +    | \$                               |              | \$`` | 3,495.48             |
| I           | State all other regular contributions to the expenses that you list in <i>Sche</i> Include contributions from an unmarried partner, members of your household,  |            |             | dents, your roo | omm  | nates, and other                 |              |      |                      |
|             | friends or relatives.   |            | ما د اا د ب | la 4a may ayma  |      | listed in Cabadul                | - 1          |      |                      |
|             | Do not include any amounts already included in lines 2-10 or amounts that are   |            | valiab      | ie to pay expe  | nses | s listed in <i>Schedule</i>      |              | œ    | 0.00                 |
|             | Specify:  |            |             |                 |      |                                  | 11. <b>+</b> | Φ    |                      |
|             | Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain  |            |             |                 |      | •                                | 12.          | Ψ    | 3,495.48             |
|             |   |            |             |                 |      |                                  |              |      | bined<br>thly income |
| 13.         | Do you expect an increase or decrease within the year after you file this ${\color{red} { }\!$  | form?      | ?           |                 |      |                                  |              |      | -                    |
|             | ☐ Yes. Explain:   |            |             |                 |      |                                  |              |      |                      |
|             |   |            |             |                 |      |                                  |              |      |                      |

Official Form 106l Schedule I: Your Income page 2

| Fill in this info                  | ormation to identify                                   | vour case:   |   |         |                 |                               |
|------------------------------------|--|--|---|---------|-----------------|-------------------------------|
|                                    |  | your oddo.   |   |         |                 |                               |
| Debtor 1                           | Lacresha Hester  | Middle Name Last Name  | Check if thi  | s is:   |                 |                               |
| Debtor 2                           |  |  | An ame  | nded fi | lina            |                               |
| (Spouse, if filing) F              |  | Middle Name Last Name  |   |         | •               | petition chapter 13           |
| United States Ba                   | inkruptcy Court for the:                               | Northern District of Ohio (S   |   |         | f the following |                               |
| Case number _ (If known)           |  |  | MM / DD   | / YYYY  |                 |                               |
| Official Fo                        | orm 106J   |  |   |         |                 |                               |
| Schedu                             | ule J: Yo  | ur Expenses  |   |         |                 | 12/15                         |
| information. If r                  | -  | essible. If two married people are filied, attach another sheet to this form         |   | -       |                 |                               |
| Part 1: Do                         | escribe Your Hou                                       | sehold   |   |         |                 |                               |
|                                    | o line 2.<br>s <b>Debtor 2 live in a s</b><br>No       | eparate household?<br>e Official Form 106J-2, <i>Expenses for</i> S                  | Separate Household of Debtor 2.                     |         |                 |                               |
| Do you have                        | -  | ☐ No ☐ Yes. Fill out this information for  | Dependent's relationship to<br>Debtor 1 or Debtor 2 |         | Dependent's age | Does dependent live with you? |
| Debtor 2.  Do not state the names. | he dependents'   | each dependent   | Daughter  |         | 13              | □ No<br>✓ Yes                 |
| names.                             |  |  | Son   |         | 12              | No Yes                        |
|                                    |  |  | Son   |         | 7               | □ No Ves                      |
|                                    |  |  | Daughter  |         | 9 mos.          | □ No □ Yes □ No               |
|                                    | enses include<br>people other than<br>your dependents? | ✓ No ☐ Yes   |   |         |                 | Yes                           |
| Part 2: Esti                       | imate Your Ongoi                                       | ng Monthly Expenses  |   |         |                 |                               |
| =                                  | a date after the ban                                   | bankruptcy filing date unless you a kruptcy is filed. If this is a supplement        | =   |         | -               |                               |
| _                                  | -  | i-cash government assistance if you<br>I it on Sc <i>hedule I: Your Income</i> (Offi |   |         | Your expe       | nses                          |
|                                    | r home ownership of the ground or lot.                 | expenses for your residence. Include   | first mortgage payments and                         | 4.      | \$              | 650.00                        |
| If not includ                      | led in line 4:   |  |   |         |                 | 0.00                          |
| 4a. Real es                        | state taxes  |  |   | 4a.     | \$              | 0.00                          |
| 4b. Propert                        | ty, homeowner's, or r                                  | enter's insurance  |   | 4b.     | \$              | 0.00                          |
| 4c. Home r                         | maintenance, repair,                                   | and upkeep expenses  |   | 4c.     | \$              | 0.00                          |
|                                    | wner's association or                                  |  |   | 4d.     | \$              | 0.00                          |

Official Form 106J Schedule J: Your Expenses page 1

4d. Homeowner's association or condominium dues

Lacresha Hester

Debtor 1

irst Name Middle Name Last Name

acresha Hester Case number (if known)\_\_\_\_\_

|     |   |      | Your ex | kpenses |
|-----|---|------|---------|---------|
| 5.  | Additional mortgage payments for your residence, such as home equity loans  | 5.   | \$      | 0.00    |
| 6.  | Utilities:  |      |         |         |
|     | 6a. Electricity, heat, natural gas  | 6a.  | \$      | 330.00  |
|     | 6b. Water, sewer, garbage collection  | 6b.  | \$      | 0.00    |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c.  | \$      | 240.00  |
|     | 6d. Other. Specify:   | 6d.  | \$      | 0.00    |
| 7.  | Food and housekeeping supplies  | 7.   | \$      | 800.00  |
| 8.  | Childcare and children's education costs  | 8.   | \$      | 0.00    |
| 9.  | Clothing, laundry, and dry cleaning   | 9.   | \$      | 250.00  |
| 10. | Personal care products and services   | 10.  | \$      | 60.00   |
| 1.  | Medical and dental expenses   | 11.  | \$      | 80.00   |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.   | 12.  | \$      | 385.00  |
| 3.  | Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.  | \$      | 100.00  |
| 4.  | Charitable contributions and religious donations  | 14.  | \$      | 0.00    |
| 15. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.   |      |         |         |
|     | 15a. Life insurance   | 15a. | \$      | 0.00    |
|     | 15b. Health insurance   | 15b. | \$      | 0.00    |
|     | 15c. Vehicle insurance  | 15c. | \$      | 100.00  |
|     | 15d. Other insurance. Specify:  | 15d. | \$      | 0.00    |
| 6.  | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:   | 16.  | \$      | 0.00    |
| 7.  | Installment or lease payments:  |      |         |         |
|     | 17a. Car payments for Vehicle 1   | 17a. | \$      | 500.00  |
|     | 17b. Car payments for Vehicle 2   | 17b. | \$      | 0.00    |
|     | 17c. Other. Specify:  | 17c. | \$      | 0.00    |
|     | 17d. Other. Specify:  | 17d. |         | 0.00    |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18.  | \$      | 0.00    |
| 10  | Other manner to your make to assume at them who do not live with your   |      | Ψ       |         |
| 9.  | Other payments you make to support others who do not live with you.  Specify:   | 19.  | \$      | 0.00    |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom   | ne.  |         |         |
|     | 20a. Mortgages on other property  | 20a. | \$      | 0.00    |
|     | 20b. Real estate taxes  | 20b. | \$      | 0.00    |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c. |         | 0.00    |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d. | \$      | 0.00    |
|     | 20e. Homeowner's association or condominium dues  | 20e. | \$      | 0.00    |

Official Form 106J

| Debtor 1 | Lacresha   | Hester      |           | Case number (if known) |  |
|----------|------------|-------------|-----------|------------------------|--|
|          | First Name | Middle Name | Last Name |                        |  |

| Other. Specify:               |  | 21.  | +\$ | 0.00     |
|-------------------------------|--|------|-----|----------|
|                               |  |      | +\$ |          |
|                               |  |      | +\$ |          |
| 2. Calculate your monthly ex  | penses.  |      |     |          |
| 22a. Add lines 4 through 21.  |  | 22a. | \$  | 3,495.00 |
| 22b. Copy line 22 (monthly e  | xpenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a | 22b. | \$  |          |
| and 22b. The result is your n | nonthly expenses.  | 22c. | \$  | 3,495.00 |
|                               |  |      |     |          |
| 3. Calculate your monthly net |  | 00-  | \$  | 3,495.48 |
|                               | bined monthly income) from Schedule I.                                     | 23a. |     | 3,495.00 |
| 23b. Copy your monthly exp    | enses from line 22c above.   | 23b. | -\$ | 3,495.00 |
| •                             | expenses from your monthly income.   |      | s   | 0.48     |
| The result is your mont       | hly net income.  | 23c. |     |          |
| 4 Do you expect an increase   | or decrease in your expenses within the year after you file this form?     |      |     |          |
| •                             | o finish paying for your car loan within the year or do you expect your    |      |     |          |
|                               | e or decrease because of a modification to the terms of your mortgage?     |      |     |          |
| No.                           |  |      |     |          |
| 110.                          |  |      |     |          |

| Fill in this information to identify your case: |                         |                                     |           |  |  |  |  |  |  |
|---|-------------------------|-------------------------------------|-----------|--|--|--|--|--|--|
| Debtor 1  | Lacresha Hesto          | er<br>Middle Name                   | Last Name |  |  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing)                 | First Name              | Middle Name                         | Last Name |  |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for th | <sup>e</sup> Northern District of O | hio       |  |  |  |  |  |  |
| (If known)                                      |                         |                                     |           |  |  |  |  |  |  |

## ☐ Check if this is an amended filing

#### Official Form 106Dec

#### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| No   |   |
|--|---|
| Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  | ve read the summary and schedules filed with this declaration and                             |
| er penalty of perjury, I declare that I ha<br>they are true and correct. | ve read the summary and schedules filed with this declaration and                             |
|  | ve read the summary and schedules filed with this declaration and                             |
|  | ve read the summary and schedules filed with this declaration and                             |
|  | ve read the summary and schedules filed with this declaration and                             |

| Fill in this information to identify your case: |   |             |           |  |  |  |  |  |
|---|---|-------------|-----------|--|--|--|--|--|
| Debtor 1  | Lacresha Hester   |             |           |  |  |  |  |  |
|   | First Name  | Middle Name | Last Name |  |  |  |  |  |
| Debtor 2  |   |             |           |  |  |  |  |  |
| (Spouse, if filing)                             | First Name  | Middle Name | Last Name |  |  |  |  |  |
| United States E                                 | United States Bankruptcy Court for the: Northern District of Ohio |             |           |  |  |  |  |  |
| Case number (If known)                          |   |             |           |  |  |  |  |  |

Check if this is an amended filing

#### Official Form 107

## Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1 | Give Details Abou   | ut Your Marital Stat | us and Where Yo               | ou Lived Before                           |                         |                               |
|--------|---|----------------------|-------------------------------|---|-------------------------|-------------------------------|
|        | at is your current marita<br>Married<br>Not married             | l status?            |                               |   |                         |                               |
| V      | ring the last 3 years, hav<br>No<br>Yes. List all of the places |                      | ·                             |   |                         |                               |
|        | Debtor 1:   |                      | Dates Debtor 1<br>lived there | Debtor 2:                                 |                         | Dates Debtor 2<br>lived there |
|        | Number Street   |                      | From<br>To                    | Same as Debtor 1  Number Street           |                         | Same as Debtor 1  From  To    |
|        | City  | State ZIP Code       |                               | City                                      | State ZIP Code          |                               |
|        | Number Street   |                      | From<br>To                    | Same as Debtor 1  Number Street           |                         | Same as Debtor 1  From  To    |
| 3. Wit | City  | State ZIP Code       | ouse or legal equiv           | City                                      | State ZIP Code          | ommunity property states      |
| V      | No Yes. Make sure you fill o                                    |                      |                               | v Mexico, Puerto Rico, Texas,<br>n 106H). | vvasnington, and Wiscor | isin.)                        |

Official Form 107

| :ase | numb | er (if ki | nown) |  |  |
|------|------|-----------|-------|--|--|

| Pa | rt | 2 |
|----|----|---|

### Explain the Sources of Your Income

| If you are filing a joint case and   | -  | from all jobs and a<br>me that you receive   | • .   |   |  |
|--|--|--|---|---|--|
| <ul><li>□ No</li><li>☑ Yes. Fill in the details.</li></ul>   |  |  |   |   |  |
|  |  | Debtor 1   |   | Debtor 2  |  |
|  |  | Sources of income<br>Check all that apply.   |   | Sources of income check all that apply.   | Gross income<br>(before deductions and<br>exclusions)                |
| From January 1 of curren the date you filed for bank   | •  | <ul><li>✓ Wages, commiss bonuses, tips</li><li>✓ Operating a bus</li></ul>   | \$ <u>1,679.00</u>  | Wages, commissions, bonuses, tips Operating a business  | \$   |
| For last calendar year:  |  | Wages, commis bonuses, tips  | \$38,425.00   | Wages, commissions, bonuses, tips   | \$   |
| (January 1 to December 31  | I, <u>2018</u> )<br>YYYY   | ☐ Operating a bus  | siness  | Operating a business  |  |
| For the calendar year before   |  | Wages, commis bonuses, tips  | \$ 47.376.00  | Wages, commissions, bonuses, tips   | \$   |
| (January 1 to December 31  | I, <u>2017</u> )   | Operating a bus  | siness  | Operating a business  | ·  |
| Include income regardless of whand other public benefit payment winnings. If you are filing a joint List each source and the gross i   | nether that inconts; pensions; case and you  | rental income; intere<br>have income that y  | est; dividends; money colle<br>ou received together, list it  | alimony; child support; Social cted from lawsuits; royalties; a only once under Debtor 1.   |  |
| and other public benefit paymen winnings. If you are filing a joint List each source and the gross i   | nether that incomes; income from e   | rental income; intere<br>have income that you<br>ach source separate   | imples of other income are est; dividends; money colle ou received together, list it  | alimony; child support; Social cted from lawsuits; royalties; a only once under Debtor 1. that you listed in line 4.  |  |
| and other public benefit paymen winnings. If you are filing a joint List each source and the gross i   | nether that incomes; pensions; case and you income from e  | rental income; intere have income that year ach source separate source separate softened as a fine softened as a fine softened as a fine separate softened as a fine separ | imples of other income are est; dividends; money colle ou received together, list it ely. Do not include income   | alimony; child support; Social cted from lawsuits; royalties; a only once under Debtor 1.   | nd gambling and lottery  Gross income from each source               |
| and other public benefit paymen winnings. If you are filing a joint List each source and the gross i   | nether that incomes; pensions; case and you income from e  | rental income; intere have income that year ach source separate to the source separate sepa | imples of other income are est; dividends; money colle ou received together, list it ely. Do not include income   | alimony; child support; Social cted from lawsuits; royalties; a only once under Debtor 1. that you listed in line 4.  Debtor 2  Sources of income                 | nd gambling and lottery  Gross income from each source               |
| and other public benefit paymen winnings. If you are filing a joint List each source and the gross in No   | nether that incomes; pensions; case and you income from e  | rental income; intere have income that year ach source separate separate source separate separate source separate | imples of other income are est; dividends; money colle ou received together, list it rely. Do not include income  Gross income from each source before deductions and execusions) | alimony; child support; Social cted from lawsuits; royalties; a only once under Debtor 1. that you listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions an exclusions)      |
| and other public benefit paymen winnings. If you are filing a joint List each source and the gross in No No No Yes. Fill in the details.   | nether that incomes; case and you income from e  Debtor 1  Sources Describe  | rental income; intere have income that year ach source separate separate source separate separ | imples of other income are est; dividends; money colle ou received together, list it ely. Do not include income  Gross income from each source before deductions and exclusions)  | alimony; child support; Social cted from lawsuits; royalties; a only once under Debtor 1. that you listed in line 4.  Debtor 2  Sources of income                 | Gross income from each source (before deductions and exclusions)     |
| and other public benefit paymen winnings. If you are filing a joint List each source and the gross i  No Yes. Fill in the details.   | nether that incomes; case and you income from e  Debtor 1  Sources Describe  | rental income; intere have income that year ach source separate separate source separate separ | imples of other income are est; dividends; money colle ou received together, list it ely. Do not include income  Gross income from each source before deductions and execusions)  | alimony; child support; Social cted from lawsuits; royalties; a only once under Debtor 1. that you listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions an exclusions)      |
| and other public benefit paymen winnings. If you are filing a joint List each source and the gross i  No Yes. Fill in the details.   | nether that incomes; case and you income from e  Debtor 1  Sources Describe  | rental income; intere have income that ye ach source separate separate source separate separat | imples of other income are est; dividends; money colle ou received together, list it ely. Do not include income  Gross income from each source before deductions and exclusions)  | alimony; child support; Social cted from lawsuits; royalties; a only once under Debtor 1. that you listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions and exclusions)  \$ |
| and other public benefit paymen winnings. If you are filing a joint List each source and the gross in No  No Yes. Fill in the details.   | nether that incomes; pensions; pensi | rental income; intere have income that year ach source separate se | imples of other income are est; dividends; money colle ou received together, list it ely. Do not include income  Gross income from each source before deductions and exclusions)  | alimony; child support; Social cted from lawsuits; royalties; a only once under Debtor 1. that you listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions and exclusions)  \$ |
| and other public benefit paymen winnings. If you are filing a joint List each source and the gross in No  No Yes. Fill in the details.  In January 1 of current ar until the date you defor bankruptcy:  Ilast calendar year:  | nether that incomes; pensions; pensi | rental income; intere have income that year ach source separate se | imples of other income are est; dividends; money colle ou received together, list it ely. Do not include income  Gross income from each source before deductions and exclusions)  | alimony; child support; Social cted from lawsuits; royalties; a only once under Debtor 1. that you listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions and exclusions)  \$ |
| and other public benefit paymen winnings. If you are filing a joint List each source and the gross i  No Yes. Fill in the details.  The property of current ar until the date you defor bankruptcy:  I last calendar year:  The property of the paymen winning a joint winning | nether that incomes; pensions; pensi | rental income; intere have income that ye ach source separate sepa | imples of other income are est; dividends; money colle ou received together, list it rely. Do not include income  Gross income from each source before deductions and exclusions) | alimony; child support; Social cted from lawsuits; royalties; a only once under Debtor 1. that you listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions and exclusions)  \$ |
| and other public benefit paymen winnings. If you are filing a joint List each source and the gross i  No Yes. Fill in the details.  Date of the public benefit paymen winnings. If you are filing a joint List each source and the gross i  No The property of the details.  Date of the public benefit paymen winnings.  It is each source and the gross in the gross in the details.  Date of the details.  Date of the public benefit paymen winnings.  It is each source and the gross in the gros | nether that incomes; pensions; pensi | rental income; intere have income that year ach source separate separate source separate source separate separate separate source separate separate separate separate separate separate separa | imples of other income are est; dividends; money colle ou received together, list it ely. Do not include income  Gross income from each source before deductions and exclusions)  | alimony; child support; Social cted from lawsuits; royalties; a only once under Debtor 1. that you listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions and exclusions)  \$ |
| and other public benefit paymen winnings. If you are filing a joint List each source and the gross in No Yes. Fill in the details.  The property of current ar until the date you are filing a joint the details.  The property of current are until the date you are for bankruptcy:  The property of current are until the date you are for bankruptcy:  The property of current are until the date you are for bankruptcy:  The property of current are until the date you are for bankruptcy:  | nether that incints; pensions; case and you income from e  Debtor 1  Sources Describe  | rental income; intere have income that year ach source separate se | imples of other income are est; dividends; money colle ou received together, list it ely. Do not include income  Gross income from each source before deductions and exclusions)  | alimony; child support; Social cted from lawsuits; royalties; a only once under Debtor 1. that you listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions and exclusions)  \$ |

rst Name Middle Name Last Name

Case number (if known)\_\_\_\_\_

|          |            |   |   | wade belon      | e tou riiea      | for Bankruptcy  |   |   |
|----------|------------|---|---|-----------------|------------------|---|---|---|
| Are eitl | her De     | ebtor 1's or Debt                                     | tor 2's debt                            | s primarily co  | onsumer debt     | s?  |   |   |
|          |            |   |   |                 |                  |   | e defined in 11 U.S.C. § 101            | (8) as  |
| - 110    |            |   |   |                 |                  | nousehold purpose."   | c defined in 11 0.0.0. § 10 h           | (0) 43  |
|          | Duri       | ng the 90 days b                                      | efore you file                          | ed for bankrup  | otcy, did you p  | ay any creditor a total of  | \$6,425* or more?                       |   |
|          |            | No. Go to line 7.                                     |   |                 |                  |   |   |   |
|          |            | he total amount                                       | t you paid th                           | at creditor. Do | not include p    | \$6,425* or more in one ayments for domestic sunents to an attorney for t           | pport obligations, such as              |   |
|          | * Su       |   |   | •               |                  | •   | ifter the date of adjustment.           |   |
| V Yes    | s Deh      | tor 1 or Debtor 2                                     | 2 or both ha                            | ave primarily   | consumer de      | hts   |   |   |
|          |            |   |   |                 |                  | ay any creditor a total of  | \$600 or more?                          |   |
|          |            |   | , |                 | , ,              | .,,   | *************************************** |   |
|          |            | No. Go to line 7.                                     |   |                 |                  |   |   |   |
|          | <b>U</b> , | creditor. Do  | not include                             | payments for o  | domestic supp    | \$600 or more and the to<br>port obligations, such as<br>ey for this bankruptcy cas |   |   |
|          |            |   |   |                 | Dates of payment | Total amount paid   | Amount you still owe                    | Was this payment for.   |
|          |            |   |   |                 |                  | \$  | \$                                      | ☐ Mortgage  |
|          |            | Creditor's Name                                       |   |                 |                  | T   |   | ☐ Mortgage  |
|          |            |   |   |                 |                  |   |   | Credit card   |
|          |            | Number Street   |   |                 |                  |   |   | Loan repayment  |
|          |            |   |   |                 |                  |   |   | Suppliers or vendor   |
|          |            |   |   |                 |                  |   |   | <u> </u>  |
|          |            |   |   |                 |                  |   |   | Other   |
|          |            | City  | State                                   | ZIP Code        |                  |   |   | U Other   |
|          | _          | City  | State                                   | ZIP Code        |                  | œ.  | · ·                                     |   |
|          | -          | City  Creditor's Name                                 | State                                   | ZIP Code        |                  | \$  | \$                                      | ☐ Mortgage  |
|          |            |   | State                                   | ZIP Code        |                  | \$  | \$                                      | ☐ Mortgage  |
|          | -          |   | State                                   | ZIP Code        |                  | \$  | \$                                      | ☐ Mortgage ☐ Car ☐ Credit card  |
|          | -          | Creditor's Name                                       | State                                   | ZIP Code        |                  | \$  | \$                                      | ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment   |
|          | -          | Creditor's Name                                       | State                                   | ZIP Code        |                  | \$  | \$                                      | ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendor   |
|          | -          | Creditor's Name                                       | State                                   | ZIP Code        |                  | \$  | \$                                      | ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendor   |
|          | -          | Creditor's Name  Number Street                        |   |                 |                  | \$  | \$                                      | ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendor   |
|          | -          | Creditor's Name  Number Street                        |   |                 |                  |   |   | ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendor ☐ Other                                 |
|          | -          | Creditor's Name  Number Street                        |   |                 |                  | \$\$  | \$                                      | ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendor ☐ Other                                 |
|          | -          | Creditor's Name  Number Street  City                  |   |                 |                  |   |   | Mortgage Car Credit card Loan repayment Suppliers or vendor Other Mortgage Car                                |
|          | -          | Creditor's Name  Number Street  City                  |   |                 |                  |   |   | ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendor ☐ Other ☐ Mortgage ☐ Car ☐ Credit card  |
|          | -          | Creditor's Name  Number Street  City  Creditor's Name |   |                 |                  |   |   | Mortgage Car Credit card Loan repayment Suppliers or vendor Other Mortgage Car Credit card Loan repayment     |
|          | -          | Creditor's Name  Number Street  City  Creditor's Name |   |                 |                  |   |   | ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car ☐ Credit card |

|   |   |                            |                       |                              |  |  | Case number (if known)_                      |   |
|---|---|----------------------------|-----------------------|------------------------------|--|--|--|---|
|   | First Name  | Middle Name                |                       | Last Name                    |  |  |  |   |
| <i>siders</i><br>rporati  | include your lions of which   | relatives; a<br>you are ar | ny gene<br>n officer, | ral partners<br>director, pe | s; relatives of any or<br>erson in control, or | general partners; p<br>owner of 20% or r | artnerships of which<br>more of their voting | ho was an insider?  n you are a general partner; securities; and any managing |
|   | child support   |                            |                       | operate as                   | a sole proprietor.                             | 11 U.S.C. § 101. In                      | clude payments for                           | domestic support obligations,   |
| ] No  |   |                            | ,                     |                              |  |  |  |   |
|   | List all paym   | ents to an i               | insider.              |                              |  |  |  |   |
|   |   |                            |                       |                              | Dates of payment                               | Total amount paid                        | Amount you still owe                         | Reason for this payment   |
|   |   |                            |                       |                              |  | \$                                       | \$   |   |
| Insid   | der's Name  |                            |                       |                              |  |  |  |   |
| Nive  | nber Street   |                            |                       |                              |  |  |  |   |
| Nun   | ilber Street  |                            |                       |                              |  |  |  |   |
|   |   |                            |                       |                              |  |  |  |   |
|   |   |                            |                       |                              |  |  |  |   |
| City  | 1   |                            | State                 | ZIP Code                     |  |  |  |   |
|   |   |                            |                       |                              |  | \$                                       | \$   |   |
| Insid   | der's Name  |                            |                       |                              |  |  |  |   |
|   |   |                            |                       |                              |  |  |  |   |
| Num   | nber Street   |                            |                       |                              |  |  |  |   |
| Num   | nber Street   |                            |                       |                              |  |  |  |   |
| Num   | nber Street   |                            |                       |                              |  |  |  |   |
|   |   |                            | State                 | 7IP Code                     |  |  |  |   |
| Num   |   |                            | State                 | ZIP Code                     |  |  |  |   |
| City  | year before   | you filed f                |                       |                              | you make any pa                                | ayments or transf                        | er any property on                           | account of a debt that benefited  |
| City  thin 1 n inside   | year before<br>er?  |                            | or bank               | ruptcy, did                  |  | ayments or transf                        | er any property on                           | account of a debt that benefited  |
| City  thin 1  inside  | year before<br>er?  |                            | or bank               | ruptcy, did                  | you make any pa                                | ayments or transf                        | er any property on                           | account of a debt that benefited  |
| City  thin 1 inside clude p   | year before<br>ler?<br>payments on  | debts guar                 | or bank<br>anteed o   | ruptcy, did                  |  | ayments or transf                        | er any property on                           | account of a debt that benefited  |
| City  thin 1 inside clude p   | year before<br>er?  | debts guar                 | or bank<br>anteed o   | ruptcy, did                  | by an insider.                                 |  |  |   |
| City  thin 1 inside clude p   | year before<br>ler?<br>payments on  | debts guar                 | or bank<br>anteed o   | ruptcy, did                  |  |  |  | Reason for this payment   |
| City  thin 1 inside clude p   | year before<br>ler?<br>payments on  | debts guar                 | or bank<br>anteed o   | ruptcy, did                  | by an insider.  Dates of                       | Total amount                             | Amount you still owe                         |   |
| City ithin 1 inside clude p No Yes.   | year before<br>ler?<br>payments on  | debts guar                 | or bank<br>anteed o   | ruptcy, did                  | by an insider.  Dates of                       | Total amount                             | Amount you still                             | Reason for this payment   |
| City  thin 1 inside clude p  No Yes.  | year before<br>ler?<br>payments on<br>List all paym   | debts guar                 | or bank<br>anteed o   | ruptcy, did                  | by an insider.  Dates of                       | Total amount paid                        | Amount you still owe                         | Reason for this payment   |
| City  thin 1 inside clude p  No Yes.  | year before<br>ler?<br>payments on<br>List all paym   | debts guar                 | or bank<br>anteed o   | ruptcy, did                  | by an insider.  Dates of                       | Total amount paid                        | Amount you still owe                         | Reason for this payment   |
| City  Ithin 1 In inside clude p  No I Yes.  | year before<br>er?<br>payments on<br>List all paym  | debts guar                 | or bank<br>anteed o   | ruptcy, did                  | by an insider.  Dates of                       | Total amount paid                        | Amount you still owe                         | Reason for this payment   |
| City  Ithin 1 In inside clude p  No I Yes.  | year before<br>er?<br>payments on<br>List all paym  | debts guar                 | or bank<br>anteed o   | ruptcy, did                  | by an insider.  Dates of                       | Total amount paid                        | Amount you still owe                         | Reason for this payment   |
| City  Ithin 1 In inside clude p  No I Yes.  | year before<br>ler?<br>payments on<br>List all paym<br>der's Name   | debts guar                 | or bank<br>anteed o   | ruptcy, did                  | by an insider.  Dates of                       | Total amount paid                        | Amount you still owe                         | Reason for this payment   |
| City  Ithin 1 In inside clude p No Yes.   | year before<br>ler?<br>payments on<br>List all paym<br>der's Name   | debts guar                 | or bank<br>ranteed o  | ruptcy, did                  | by an insider.  Dates of                       | Total amount paid                        | Amount you still owe                         | Reason for this payment   |
| City  Ithin 1 In inside clude p No Yes.  Inside                                   | year before<br>ler?<br>payments on<br>List all payments all payments all payments all payments all payments are seen all payments a | debts guar                 | or bank<br>ranteed o  | ruptcy, did                  | by an insider.  Dates of                       | Total amount paid                        | Amount you still owe                         | Reason for this payment   |
| City  Ithin 1 In inside clude p No Yes.  Inside                                   | year before<br>ler?<br>payments on<br>List all paym<br>der's Name   | debts guar                 | or bank<br>ranteed o  | ruptcy, did                  | by an insider.  Dates of                       | Total amount paid                        | Amount you still owe                         | Reason for this payment   |
| City  Ithin 1 In inside clude p  No I Yes.  Inside City  Inside City  Inside City | year before<br>ler?<br>payments on<br>List all payments all payments all payments all payments all payments are seen all payments a | debts guar                 | or bank<br>ranteed o  | ruptcy, did                  | by an insider.  Dates of                       | Total amount paid                        | Amount you still owe                         | Reason for this payment   |

City

ZIP Code

State

| ח | Δ | h | tη | r | 1 |
|---|---|---|----|---|---|

Lacresha Hester
First Name Middle Name Last Name

| Case number (if known) |
|------------------------|
|------------------------|

| Within 1 year before you filed for build List all such matters, including personand contract disputes. |               |   |   |                |                         |
|--|---------------|---|---|----------------|-------------------------|
| ☑ No   |               |   |   |                |                         |
| Yes. Fill in the details.  |               |   |   |                |                         |
|  | Nature        | e of the case   | Court or agency   |                | Status of the case      |
| Constitution   |               |   |   |                |                         |
| Case title:  |               |   | Court Name  |                | — Pending               |
|  |               |   | Court Name  |                | On appeal               |
|  |               |   |   |                | Concluded               |
|  |               |   | Number Street   |                | Concluded               |
|  |               |   |   |                |                         |
| ase number   |               |   | City S  | State ZIP Code |                         |
|  |               |   |   |                |                         |
|  |               |   | Court Name  |                | — Pending               |
| ase title:   |               |   |   |                | On appeal               |
|  |               |   | Number Street   |                | Concluded               |
|  |               |   |   |                |                         |
|  |               |   | City S  | State ZIP Code |                         |
| Case number  |               |   | City  | date ZIF Code  |                         |
|  | etails below. |   |   |                |                         |
| ✓ No. Go to line 11.  ☐ Yes. Fill in the information below   |               | Describe the prope  | rty   | Date           | Value of the property   |
|  |               | Describe the prope  | rty   | Date           | Value of the property   |
|  |               | Describe the proper   | rty   | Date           | Value of the property   |
| ☐ Yes. Fill in the information below   |               | Describe the proper   | rty   | Date           |                         |
| Yes. Fill in the information below  Creditor's Name  |               | -   |   | Date           |                         |
| ☐ Yes. Fill in the information below   |               | Explain what happe  | ened  | Date           |                         |
| Yes. Fill in the information below  Creditor's Name  |               | Explain what happe  | ened repossessed.   | Date           |                         |
| Yes. Fill in the information below  Creditor's Name  |               | Explain what happed Property was Property was   | repossessed. foreclosed.  | Date           |                         |
| Yes. Fill in the information below  Creditor's Name  Number Street                                     | <i>I</i> .    | Explain what happe Property was Property was Property was   | repossessed. foreclosed. garnished.   | Date           |                         |
| Yes. Fill in the information below  Creditor's Name  Number Street                                     |               | Explain what happe Property was Property was Property was   | repossessed. foreclosed.  | Date           |                         |
| Yes. Fill in the information below  Creditor's Name  Number Street                                     | <i>I</i> .    | Explain what happe Property was Property was Property was   | repossessed. foreclosed. garnished. attached, seized, or levied.                                    | Date           | \$                      |
| Yes. Fill in the information below  Creditor's Name  Number Street                                     | <i>I</i> .    | Explain what happe Property was Property was Property was Property was Property was   | repossessed. foreclosed. garnished. attached, seized, or levied.                                    |                | \$                      |
| Yes. Fill in the information below  Creditor's Name  Number Street                                     | <i>I</i> .    | Explain what happe Property was Property was Property was Property was Property was   | repossessed. foreclosed. garnished. attached, seized, or levied.                                    |                | \$                      |
| Yes. Fill in the information below  Creditor's Name  Number Street                                     | <i>I</i> .    | Explain what happe Property was Property was Property was Property was Property was   | repossessed. foreclosed. garnished. attached, seized, or levied.                                    |                | \$Value of the property |
| Yes. Fill in the information below.  Creditor's Name  Number Street  City St                           | <i>I</i> .    | Explain what happe Property was Property was Property was Property was Property was   | repossessed. foreclosed. garnished. attached, seized, or levied.                                    |                | \$Value of the property |
| Yes. Fill in the information below  Creditor's Name  Number Street  City St                            | <i>I</i> .    | Explain what happe Property was Property was Property was Property was Property was   | repossessed. foreclosed. garnished. attached, seized, or levied. rty                                |                | \$Value of the property |
| Yes. Fill in the information below.  Creditor's Name  Number Street  City Si                           | <i>I</i> .    | Explain what happe Property was Property was Property was Property was Describe the property Explain what happe   | repossessed. foreclosed. garnished. attached, seized, or levied. rty                                |                | \$Value of the property |
| Yes. Fill in the information below  Creditor's Name  Number Street  City Si                            | <i>I</i> .    | Explain what happed Property was Property was Property was Property was Property was Explain what happed Property was   | repossessed. foreclosed. garnished. attached, seized, or levied. rty  ened repossessed.             |                | \$Value of the property |
| Yes. Fill in the information below  Creditor's Name  Number Street  City Si                            | <i>I</i> .    | Explain what happe Property was Property was Property was Property was Property was Explain what happe Property was Property was Property was Property was              | repossessed. foreclosed. garnished. attached, seized, or levied. rty  ened repossessed. foreclosed. |                | \$Value of the property |
| ☐ Yes. Fill in the information below  Creditor's Name  Number Street  City St  Creditor's Name         | <i>I</i> .    | Explain what happe Property was Property was Property was Property was Property was Explain what happe Property was Property was Property was Property was Property was | repossessed. foreclosed. garnished. attached, seized, or levied. rty  ened repossessed. foreclosed. |                | \$Value of the property |

Official Form 107

| F   | First Name  | Middle Name   | Last N                     | ame  |                      | Case number (if known   | 7)  |                 |
|---|---|---|----------------------------|--|----------------------|-------------------------|---|-----------------|
| counts<br>No  |   | o make a pay  |                            | tcy, did any credito<br>ause you owed a de |                      | c or financial institut | tion, set off any am                        | ounts from your |
|   |   |   |                            | Describe the action                        | n the creditor took  |                         | Date action was taken                       | Amount          |
| Creditor  | r's Name  |   |                            |  |                      |                         |   |                 |
| Number  | r Street  |   |                            |  |                      |                         |   | \$              |
| City  |   | State   | ZIP Code                   | Last 4 digits of ac                        | count number: XX     | (X-                     |   |                 |
|   |   |   |                            |  |                      |                         |   |                 |
| 5: Li thin 2 y  | years before  |   | r bankrupt                 |  | y gifts with a total | value of more than \$   | \$600 per person?                           |                 |
| 5: Lithin 2 y No Yes. F                               | years before  |   | r <b>bankrupt</b><br>gift. |  | y gifts with a total | value of more than \$   | \$600 per person?  Dates you gave the gifts | Value           |
| 5: Li thin 2 y No Yes. F                              | years before Fill in the det  | you filed fo  | r <b>bankrupt</b><br>gift. | cy, did you give an                        | y gifts with a total | value of more than \$   | Dates you gave                              | Value           |
| Yes  Lithin 2 y  No Yes. F  Gifts per p               | years before Fill in the det  | ails for each o   | r <b>bankrupt</b><br>gift. | cy, did you give an                        | y gifts with a total | value of more than \$   | Dates you gave                              | \$              |
| Yes  thin 2 y  No Yes. F  Gifts per p                 | years before Fill in the det s with a total v person to Whom You G            | ails for each o   | r <b>bankrupt</b><br>gift. | cy, did you give an                        | y gifts with a total | value of more than \$   | Dates you gave                              | Value \$\$      |
| Yes  Lithin 2 y  No Yes. F  Gifts per p               | years before<br>Fill in the deta<br>with a total voerson                      | ails for each o   | r <b>bankrupt</b><br>gift. | cy, did you give an                        | y gifts with a total | value of more than \$   | Dates you gave                              | \$              |
| Yes  thin 2 y  No Yes. F  Gifts per p                 | years before Fill in the det s with a total v person  to Whom You G           | ails for each of alue of more to  | r <b>bankrupt</b><br>gift. | cy, did you give an                        | y gifts with a total | value of more than \$   | Dates you gave                              | \$              |
| Yes  thin 2 y  No Yes. F  Gifts per p  Person  Number | years before Fill in the det s with a total v person  to Whom You G           | ails for each g alue of more t ave the Gift  State  | r bankrupt                 | cy, did you give any  Describe the gifts   | y gifts with a total | value of more than \$   | Dates you gave the gifts                    | \$<br>\$        |
| Yes  thin 2 y  No Yes. F  Gifts per p  Person  Number | years before Fill in the det s with a total v person  to Whom You G  r Street | ails for each of alue of more to  | r bankrupt                 | cy, did you give an                        | y gifts with a total | value of more than \$   | Dates you gave                              | \$              |
| Reson  Number  City  Person  Gifts v per pe           | years before Fill in the det s with a total v person  to Whom You G  r Street | s you filed for each of ails for each of alue of more to ave the Gift  State  to you  lue of more the | r bankrupt                 | cy, did you give any  Describe the gifts   | y gifts with a total | value of more than \$   | Dates you gave the gifts  Dates you gave    | \$<br>\$        |

City

Number Street

Person's relationship to you

State ZIP Code

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

| ebtor 1  | Lacresha Hester First Name Middle Name Last           | Name Case number (if known)   |                       |                   |
|----------|---|---|-----------------------|-------------------|
|          | First Name wildle Name Last                           | ivalite   |                       |                   |
|          |   |   |                       |                   |
| 14. Witl |   | tcy, did you give any gifts or contributions with a total value   | of more than \$600    | to any charity?   |
|          | Yes. Fill in the details for each gift or cont        | ribution.   |                       |                   |
|          | Gifts or contributions to charities                   | Describe what you contributed   | Date you              | Value             |
|          | that total more than \$600                            | besonbe what you contain acc  | contributed           | Value             |
|          |   |   |                       |                   |
|          | Charity's Name  |   |                       | \$                |
|          |   |   |                       | \$                |
|          |   |   |                       | ·                 |
|          | Number Street   |   |                       |                   |
|          |   |   |                       |                   |
|          | City State ZIP Code                                   |   |                       |                   |
|          |   |   |                       |                   |
| Part 6   | List Certain Losses                                   |   |                       |                   |
|          |   |   |                       |                   |
|          | hin 1 year before you filed for bankrupt<br>gambling? | cy or since you filed for bankruptcy, did you lose anything be  | ecause of theft, fire | , other disaster, |
|          | No  |   |                       |                   |
|          | Yes. Fill in the details.                             |   |                       |                   |
|          | Describe the property you lost and how                | Describe any insurance coverage for the loss  | Date of your loss     | Value of property |
|          | the loss occurred                                     | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. |                       | lost              |
|          |   | dams on the 33 of Scriedule A.D. I Toperty.   |                       |                   |
|          |   |   |                       | \$                |
|          |   |   |                       |                   |
| Part 7   | List Certain Payments or Trans                        | sfers   |                       |                   |
|          | -   | cy, did you or anyone else acting on your behalf pay or trans   | fer any property to   | anvone vou        |
| cor      | nsulted about seeking bankruptcy or pro               | eparing a bankruptcy petition?  |                       | ,                 |
| _        |   | eparers, or credit counseling agencies for services required in you   | ur bankruptcy.        |                   |
|          | Yes. Fill in the details.                             |   |                       |                   |
|          |   | Description and value of any property transferred   | Date payment or       | Amount of payment |
|          | J.M. Smith Co., LPA Person Who Was Paid               |   | transfer was made     |                   |
|          | 395 Park Place  |   | 01/15/0010            | o 400.00          |
|          | Number Street   |   | 01/15/2019            | \$ 400.00         |
|          |   |   |                       | \$                |
|          | Chagrin Falls Oll 44000                               |   |                       |                   |

Email or website address

Person Who Made the Payment, if Not You

State

ZIP Code

| Lacresha Hester  |   | Case number (if known)  |  |  |
|--|---|---|--|--|
| First Name Middle Name Last  | Name  |   |  |  |
|  |   |   |  |  |
|  | Description and value of any property tr  | ansferred   | Date payment or<br>transfer was made           | Amount of payment  |
| Person Who Was Paid  |   |   |  |  |
| reison willo was raid  |   |   |  | \$   |
| Number Street  |   |   |  | •  |
|  |   |   |  | \$   |
| City State ZIP Code  |   |   |  |  |
| Email or website address   | -   |   |  |  |
| Person Who Made the Payment, if Not You  |   |   |  |  |
|  |   |   | fer any property to                            | anyone who   |
|  |   | tors?   |  |  |
| No   |   |   |  |  |
| Yes. Fill in the details.  |   |   |  |  |
|  | Description and value of any property tr  | ansferred   | Date payment or transfer was made              | Amount of paymer   |
| Person Who Was Paid  |   |   |  | \$   |
| Number Street  |   |   |  | *  |
|  |   |   |  | \$   |
| City State ZIP Code  |   |   |  |  |
| nsferred in the ordinary course of your lude both outright transfers and transfers r | business or financial affairs?<br>nade as security (such as the granting of   |   |  |  |
|  | Description and value of property transferred   |   |  | Date transfer was made   |
| Person Who Received Transfer   |   |   |  |  |
| Number Street  |   |   |  |  |
| City State 7IP Code  |   |   |  |  |
| •  |   |   |  |  |
| · , , <del></del>  |   |   |  |  |
| Person Who Received Transfer   |   |   |  |  |
| Number Street  |   |   |  |  |
|  | Person Who Was Paid  Number Street  City State ZIP Code  Email or website address  Person Who Made the Payment, if Not You  hin 1 year before you filed for bankruptomised to help you deal with your credit not include any payment or transfer that you Yes. Fill in the details.  Person Who Was Paid  Number Street  City State ZIP Code  hin 2 years before you filed for bankruptomised in the ordinary course of your laude both outright transfers and transfers mot include gifts and transfers that you have No Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you | Person Who Was Paid  Number Street  City State ZIP Code  Email or website address Person Who Made the Payment, if Not You  hin 1 year before you filed for bankruptcy, did you or anyone else acting on you mised to help you deal with your creditors or to make payments to your credit not include any payment or transfer that you listed on line 16.  No  Yes. Fill in the details.  Description and value of any property transferred in the ordinary course of your business or financial affairs?  ude both outright transfers and transfers made as security (such as the granting of not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details.  Description and value of property transferred  Description and value of property transferred | Person Who Was Paid    City   State   ZIP Code | Description and value of any property transferred    Date payment or transfer was made |

City

Person's relationship to you \_\_\_\_

State ZIP Code

City

Number Street

State

ZIP Code

Statement of Financial Affairs for Individuals Filing for Bankruptcy

ZIP Code

Number Street

State

City

| Lacresha Hester  |  |  |                       |
|--|--|--|-----------------------|
| btor 1 First Name Middle Name  | Last Name  | Case number (if known)   |                       |
|  |  |  |                       |
| ☑ No   | storage unit or place other than your home   | within 1 year before you filed for bankruptcy?   | ?                     |
| ☐ Yes. Fill in the details.  | Who else has or had access to  | it? Describe the contents  | Do you still have it? |
|  |  |  | □No                   |
| Name of Storage Facility   | Name   |  | Yes                   |
| Number Street  | Number Street  |  |                       |
|  | City State ZIP Code  |  |                       |
| City State   | ZIP Code   |  |                       |
| Part 9: Identify Property  | You Hold or Control for Someone El   |  |                       |
|  |  |  |                       |
| <ol><li>Do you hold or control any pro<br/>or hold in trust for someone.</li></ol> | operty that someone else owns? Include a   | ny property you borrowed from, are storing fo  | r,                    |
| No   |  |  |                       |
| Yes. Fill in the details.  |  |  |                       |
|  | Where is the property?   | Describe the property  | Value                 |
|  |  |  |                       |
| Owner's Name   |  |  | \$                    |
| Cwiter o Name  |  |  | Ψ                     |
| Number Street  | Number Street  |  |                       |
|  |  |  |                       |
|  | City State   | ZIP Code   |                       |
| City State   | ZIP Code State   | ZIF Code   |                       |
| art 10: Give Details Abo   | ut Environmental Information   |  |                       |
| or the purpose of Part 10, the fo  | llowing definitions apply:   |  |                       |
| Environmental law means any hazardous or toxic substance                           | r federal, state, or local statute or regulatio  | n concerning pollution, contamination, releas<br>il, surface water, groundwater, or other mediu<br>inces, wastes, or material. |                       |
| Site means any location, facili  |  | nmental law, whether you now own, operate,   | or utilize            |
|  | ything an environmental law defines as a h<br>al, pollutant, contaminant, or similar term. | nazardous waste, hazardous substance, toxic  | ;                     |
| eport all notices, releases, and   | proceedings that you know about, regardle  | ess of when they occurred.   |                       |
| 4. Has any governmental unit no  | tified you that you may be liable or potentia  | ally liable under or in violation of an environm   | ental law?            |
| ✓ No   |  |  |                       |
| Yes. Fill in the details.  |  |  |                       |
| - 163. i ili ili tile detalis.   |  |  |                       |
|  | Governmental unit  | Environmental law, if you know it  | Date of notice        |
|  |  |  |                       |
| Name of site   | Governmental unit  | —  |                       |
|  |  |  |                       |
| Number Street  | Number Street  |  |                       |

City

Statement of Financial Affairs for Individuals Filing for Bankruptcy

State ZIP Code

City

State

ZIP Code

| 25. Have you notified any governmental unit of                                     | of any release of hazardous materia   | 1?                                   |   |
|--|---------------------------------------|--------------------------------------|---|
| ☑ No   |                                       |                                      |   |
| Yes. Fill in the details.  |                                       |                                      |   |
|  | Governmental unit                     | Environmental law, if you know it    | Date of notice                          |
|  |                                       |                                      |   |
| Name of site   | Governmental unit                     |                                      |   |
| Number Street  | Number Street                         |                                      |   |
|  |                                       |                                      |   |
|  | City State ZIP Code                   |                                      |   |
| City State ZIP Code  | -                                     |                                      |   |
| 26. Have you been a party in any judicial or ac                                    | dministrative proceeding under any    | environmental law? Include settlemer | its and orders.                         |
| ☑ No   |                                       |                                      |   |
| Yes. Fill in the details.  |                                       |                                      |   |
|  | Court or agency                       | Nature of the case                   | Status of the case                      |
| Case title   |                                       |                                      | П                                       |
|  | Court Name                            | _                                    | ☐ Pending                               |
|  | Name to a Constant                    |                                      | ☐ On appeal☐ Concluded                  |
|  | Number Street                         |                                      | Concluded                               |
| Case number  | City State ZIP Cod                    | <u> </u>                             |   |
|  |                                       |                                      |   |
|  | usiness or Connections to Any         |                                      |   |
| 27. Within 4 years before you filed for bankru  A sole proprietor or self-employed |                                       |                                      | any business?                           |
|  | pany (LLC) or limited liability partn | -                                    |   |
| A partner in a partnership   |                                       |                                      |   |
| An officer, director, or managing e  |                                       |                                      |   |
| ☐ An owner of at least 5% of the voti  | ng or equity securities of a corpora  | tion                                 |   |
| No. None of the above applies. Go to I   |                                       |                                      |   |
| Yes. Check all that apply above and fil  |                                       |                                      |   |
| Purdinger Name   | Describe the nature of the business   |                                      | I Security number or ITIN.              |
| Business Name  |                                       | FIN:                                 |   |
| Number Street  | -                                     |                                      |   |
|  | N                                     | Dates business exist                 | ed                                      |
|  | Name of accountant or bookkeeper      | From                                 | То                                      |
| City State ZIP Code  | -                                     |                                      |   |
|  | Describe the nature of the business   |                                      | on number<br>I Security number or ITIN. |
| Business Name  | -                                     | Do not include Socia                 | Gecurity number or ITIN.                |
|  | _                                     | EIN:                                 |   |
| Number Street  |                                       | Dates business exist                 | ed                                      |
|  | Name of accountant or bookkeeper      |                                      |   |
|  | _                                     | From                                 | То                                      |
| City State ZIP Code  |                                       |                                      |   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| First Na      | ame Middle Name L                  | ast Name  |   |
|---------------|------------------------------------|---|---|
|               |                                    | Describe the nature of the business                 | Employer Identification number                    |
|               |                                    | Dodd No the hatare of the backless                  | Do not include Social Security number or ITIN     |
| Business      | Name                               | _   |   |
|               |                                    |   | EIN:  |
| Number        | Street                             |   | Dates business existed                            |
|               |                                    |   |   |
|               |                                    | Name of accountant or bookkeeper                    | From To   |
| City          | State ZIP Code                     |   |   |
|               |                                    |   |   |
|               |                                    |   |   |
| ithin 2 year  | s before you filed for bankr       | uptcy, did you give a financial statement to any    | yone about your business? Include all financial   |
|               | creditors, or other parties.       | aptoy, and you give a initiational statement to any | yone about your business. Include all illianolar  |
| _             | steditors, or other parties.       |   |   |
| No            |                                    |   |   |
| Yes. Fill i   | n the details below.               |   |   |
|               |                                    | Date issued   |   |
|               |                                    | Date issued   |   |
|               |                                    |   |   |
| Name          |                                    | MM / DD / YYYY                                      |   |
|               |                                    | WIW / DD / TTTT                                     |   |
| Number        | Street                             | <del>_</del>  |   |
| Number        | Street                             |   |   |
|               |                                    | _   |   |
|               |                                    |   |   |
| City          | State ZIP Code                     | _   |   |
|               |                                    |   |   |
|               |                                    |   |   |
|               |                                    |   |   |
| 12: Sig       | n Below                            |   |   |
| - 3           |                                    |   |   |
| have read     | the answers on this Statem         | nent of Financial Affairs and any attachments, a    | and I declare under penalty of periury that the   |
|               |                                    |   | property, or obtaining money or property by fraud |
| in connecti   | on with a bankruptcy case o        | can result in fines up to \$250,000, or imprisonm   |   |
| 18 U.S.C. §   | § 152, 1341, 1519, and 3571.       |   |   |
|               |                                    |   |   |
| •             |                                    | *   |   |
| /s/ Lacr      | esha Hester                        | <b>_</b>  |   |
| Signature     | e of Debtor 1                      | Signature of Debtor 2                               |   |
|               |                                    |   |   |
|               | 25/2019                            | Date  |   |
| Did you atta  | ich additional pages to <i>You</i> | r Statement of Financial Affairs for Individuals    | Filing for Bankruptcy (Official Form 107)?        |
|               |                                    |   |   |
| <b>✓</b> No   |                                    |   |   |
| ✓ No<br>□ Yes |                                    |   |   |

✓ No

☐ Yes. Name of person\_

Statement of Financial Affairs for Individuals Filing for Bankruptcy

. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

| Fill in this in     | formation to ide    | entify your case:                |           |
|---------------------|---------------------|----------------------------------|-----------|
| Debtor 1            | Lacresha Hester     |                                  |           |
|                     | First Name          | Middle Name                      | Last Name |
| Debtor 2            |                     |                                  |           |
| (Spouse, if filing) | First Name          | Middle Name                      | Last Name |
| United States I     | Bankruptcy Court fo | or the Northern District of Ohio |           |
| Case number         |                     |                                  |           |
| (If known)          |                     |                                  | _         |
|                     |                     |                                  |           |

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

| For any creditors that you listed in Part 1 of Schedule D: 0 information below. | ial Form 106D), fill in the                                      |   |
|---|--|---|
| Identify the creditor and the property that is collateral                       | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |
| Creditor's name: Capital One Auto Finance                                       | ☐ Surrender the property.  | ✓ No  |
|   | Retain the property and redeem it.                               | _ Yes   |
| Description of 2012 Kia Optima property securing debt:                          | Retain the property and enter into a<br>Reaffirmation Agreement. |   |
|   | Retain the property and [explain]:                               |   |
| Creditor's  | ☐ Surrender the property.  | □No   |
| name:   | Retain the property and redeem it.                               | Yes   |
| Description of property securing debt:  | Retain the property and enter into a<br>Reaffirmation Agreement. |   |
| occurring debt.   | Retain the property and [explain]:                               |   |
| Creditor's  | ☐ Surrender the property.  | □No   |
| name:   | ☐ Retain the property and redeem it.                             | Yes   |
| Description of property securing debt:  | Retain the property and enter into a<br>Reaffirmation Agreement. |   |
|   | Retain the property and [explain]:                               |   |
| Creditor's  | ☐ Surrender the property.  | □No   |
| name:   | ☐ Retain the property and redeem it.                             | Yes   |
| Description of property securing debt:  | Retain the property and enter into a<br>Reaffirmation Agreement. |   |
| Š   | ☐ Retain the property and [explain]:                             |   |
|   |  |   |

| ed. You may assume an unexpired personal property lease if the trustee does not be something. Describe your unexpired personal property leases | Will the lease be assumed?                      |
|--|---|
|  |   |
| essor's name:  | □ No  |
| Description of leased roperty:   | Yes   |
| essor's name:  | □No   |
| Description of leased roperty:   | ☐ Yes   |
| essor's name:  | □No   |
| Description of leased roperty:   | Yes   |
| essor's name:  | □ No □ Yes                                      |
| Description of leased roperty:   |   |
| essor's name:  | □No   |
| Description of leased roperty:   | Yes   |
| essor's name:  | □No   |
| Description of leased roperty:   | Yes   |
| essor's name:  | □No   |
| Description of leased roperty:   | Yes   |
| 3: Sign Below  |   |
| der penalty of perjury, I declare that I have indicated my intention about any prorsonal property that is subject to an unexpired lease.       | operty of my estate that secures a debt and any |

 $\mathsf{Date} \; \frac{\mathsf{01/25/2019}}{\mathsf{MM} \; / \; \mathsf{DD} \; \; / \; \; \mathsf{YYYY}}$ 

Date MM / DD / YYYY

| Fill in this information to identify your case:                  |                 |             |           |  |  |
|--|-----------------|-------------|-----------|--|--|
| Debtor 1   | Lacresha Hester | Middle Name | Last Name |  |  |
| D. L. C  | First Name      | Middle Name | Last Name |  |  |
| Debtor 2<br>(Spouse, if filing)                                  | First Name      | Middle Name | Last Name |  |  |
| United States Bankruptcy Court for the Northern District of Ohio |                 |             |           |  |  |
| Case number<br>(If known)  |                 |             | -         |  |  |
|  |                 |             |           |  |  |

| Check one box only as directed in this form a | nd in |
|---|-------|
| Form 122A-1Supp:                              |       |

- 1. There is no presumption of abuse.
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A–2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Column A

Column B

#### Official Form 122A-1

#### **Chapter 7 Statement of Your Current Monthly Income**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

| 1. | ☑ Not ☐ Mar | s your marital and filing status? Check one only.  It married. Fill out Column A, lines 2-11.  It married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.  It would and your spouse is NOT filing with you. You and your spouse are:  Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.                             |
|----|-------------|---|
|    |             | <b>Living separately or are legally separated</b> . Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). |
|    | Fill in t   | he average monthly income that you received from all sources, derived during the 6 full months before you file this   |

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|  | Debtor 1       | Debtor 2 or non-filing spouse |
|--|----------------|-------------------------------|
| <ol><li>Your gross wages, salary, tips, bonuses, overtime, and commissions<br/>(before all payroll deductions).</li></ol>  | \$_4,034.03    | \$ <u>0.00</u>                |
| <ol> <li>Alimony and maintenance payments. Do not include payments from a spouse if<br/>Column B is filled in.</li> </ol>  | \$_0.00        | \$ <u>0.00</u>                |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | <u>\$_0.00</u> | \$ 0.00                       |
| 5. Net income from operating a business, profession, or farm Gross receipts (before all deductions)  Ordinary and necessary operating expenses  Debtor 1  \$0.00 \$0.00  \$0.00  \$0.00  |                |                               |
| Net monthly income from a business, profession, or farm \$0.00 \$0.00 Copy here→   | \$_0.00        | <u>\$_0.00</u>                |
| 6. Net income from rental and other real property Gross receipts (before all deductions)  Ordinary and necessary operating expenses  Debtor 1  \$0.00 \$0.00 -\$0.00 -\$0.00   |                |                               |
| Net monthly income from rental or other real property \$0.00 \$0.00 Copy here →  | \$_0.00        | \$_0.00                       |
| 7. Interest, dividends, and royalties  | \$ 0.00        | \$ 0.00                       |

| Debtor 1 | Lacresha   | a Hester    |           |  |
|----------|------------|-------------|-----------|--|
|          | First Name | Middle Name | Last Name |  |

Last Name

First Name

Case number (if known)\_

|     |                      |   |  | Column A Debtor 1     | Column B Debtor 2 or non-filing spouse |   |
|-----|----------------------|---|--|-----------------------|--|---|
| 8.  | Unempl               | oyment compensation   |  | \$_0.00               | \$0.00                                 |   |
|     |                      | enter the amount if you contend that the amount ne Social Security Act. Instead, list it here:  | -  |                       |  |   |
|     |                      | ou  |  |                       |  |   |
|     | For y                | our spouse  | \$0.00   |                       |  |   |
| 9.  |                      | n or retirement income. Do not include any amounder the Social Security Act.  | ount received that was a   | \$ <u>0.00</u>        | \$ <u>0.00</u>                         |   |
| 10. | Do not i<br>as a vic | from all other sources not listed above. Specinclude any benefits received under the Social Settim of a war crime, a crime against humanity, or in. If necessary, list other sources on a separate parts.   | ecurity Act or payments receiven<br>nternational or domestic           | ed                    |  |   |
|     |                      |   |  | \$0.00                | \$ 0.00                                |   |
|     |                      |   |  | \$ 0.00               | \$ 0.00                                |   |
|     | Total a              | mounts from separate pages, if any.   |  | + \$0.00              | + \$0.00                               |   |
| 11. | Calcula<br>column.   | te your total current monthly income. Add line<br>Then add the total for Column A to the Colu | es 2 through 10 for each<br>Column B.                                  | \$4,034.03            | <b>+</b> \$0.00                        | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| Pa  | rt 2:                | Determine Whether the Means Test App  | olies to You   |                       |  | monthly income                          |
| 12. | Calcula              | te your current monthly income for the year.  | Follow these steps:  |                       |  |   |
|     |                      | opy your total current monthly income from line 1   | •  |                       | Copy line 11 here                      | \$ <u>4,034.03</u>                      |
|     | N                    | lultiply by 12 (the number of months in a year).  |  |                       | _                                      | <b>x</b> 12                             |
|     |                      | he result is your annual income for this part of the  | e form.  |                       | 12b.                                   | \$ 48,408.36                            |
| 13. |                      | te the median family income that applies to y   |  |                       |  |   |
|     |                      | e state in which you live.  | ОН   |                       |  |   |
|     | 1 111 111 (11        | e state in which you live.  | OIT  |                       |  |   |
|     | Fill in th           | e number of people in your household.   | 5  |                       | _                                      |   |
|     | Fill in th           | e median family income for your state and size o  | f household  |                       | 13.                                    | \$_95,721.00                            |
|     | To find instructi    | a list of applicable median income amounts, go o<br>ons for this form. This list may also be available a  | online using the link specified in<br>at the bankruptcy clerk's office | n the separate        | _                                      |   |
| 14. | How do               | the lines compare?  |  |                       |  |   |
|     | 14a. <b>🗹</b>        | Line 12b is less than or equal to line 13. On the Go to Part 3.   | top of page 1, check box 1, T  | here is no presumpt   | tion of abuse.                         |   |
|     | 14b. 🗖               | Line 12b is more than line 13. On the top of pag<br>Go to Part 3 and fill out Form 122A–2.  | ge 1, check box 2, The presum  | option of abuse is de | etermined by Form 122A                 | l-2.                                    |
| Pa  | rt 3:                | Sign Below  |  |                       |  |   |
|     |                      | By signing here, I declare under penalty of perjui  | ry that the information on this  | statement and in any  | y attachments is true an               | d correct.                              |
|     |                      | X/s/ Lacresha Hester  | <b>x</b>   |                       |  |   |
|     |                      | Signature of Debtor 1   | S  | ignature of Debtor 2  |  |   |
|     |                      | Date 01/25/2019<br>MM / DD / YYYY   | С  | MM / DD / YYY         | <del>//</del>                          |   |
|     |                      | If you checked line 14a, do NOT fill out or file  | Form 122A–2.   |                       |  |   |
|     |                      | If you checked line 14b, fill out Form 122A–2   |  |                       |  |   |

Capital One Auto Finance 3905 Dallas Parkway Plano, TX 75093

Capital One Bank 10700 Capital One Way Glen Allen, VA 23060

Cleveland Public Power 1300 Lakeside Avenue Cleveland, OH 44114

Comenity Bank / Victoria's Secret PO Box 182789 Columbus, OH 43218

Credit One Bank, NA PO Box 98872 Las Vegas, NV 89193

Diversified Consultants 10550 Deerwood Park Blvd. Fort Worth, TX 76109

Dominion East Ohio P.O. Box 26785 Richmond, VA 23261

Elgin Furniture & Appliance 26400 Lakeland Boulevard Euclid, OH 44132

Huntington National Bank 2361 Morse Road, NC2W12 Columbus, OH 43229

JC Penny / Synchrony Bank PO Box 965036 Orlando, FL 32896

Javitch Block 1100 Superior Avenue Cleveland, OH 44114

Javitch Block LLC 1100 Superior Avenue, 19th Floor Cleveland, OH 44114

LVNV Funding PO Box 10497 Greenville, SC 29603

Lending Club 71 Stevenson Place, Suite 300 San Francisco, CA 94105

Lending Tree 11115 Rushmore Drive Charlotte, NC 28277 Maxlend P.O. Box 639 Parshall, ND 58770

Navient PO Box 9533 Wilkes Barre, PA 18773

Old Navy 6007 Green Pointe Drive Groveport, OH 43125

Oxford Financial Services 3201 Enterprise Place Beachwood, OH 44122

PNC Bank PO Box 856177 Louisville, KY 40285

Paypal P.O. Box 960080 Orlando, FL 32896

Portfolio Recovery Associates 120 Corporate Blvd., Suite 1 Norfolk, VA 23502

Progressive Leasing 256 West Data Drive Draper, UT 84020

Sprint 6200 Sprint Parkway Shawnee Mission, KS 66251

Velocity Investments, LLC 1800 Route 34N, Suite 305 Belmar, NJ 07719

Walmart/Synchrony Bank PO Box 530927 Atlanta, GA 30353

WeBBank Loans 6250 Ridgewood Road Saint Cloud, MN 56404

WeBBank/Fingerhut 6250 Ridgewood Road Saint Cloud, MN 56404

Woodforest PO Box 7889 Spring, TX 77387

## United States Bankruptcy Court Northern District of Ohio

| In re. La | cresha Hester  | Case No.  |
|-----------|--|---|
|           | Debtor(s)  | Chapter 7   |
|           | Verifica   | ition of Creditor Matrix  |
|           | e above-named Debtor(s) correct to the best of their k | hereby verify that the attached list of creditors is knowledge. |
| Date:     | 01/25/2019   | /s/ Lacresha Hester   |
|           |  | Signature of Debtor   |
|           |  | Signature of Joint Debtor                                       |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7 | <b>'</b> : | Liquidation        |  |
|-----------|------------|--------------------|--|
|           |            |                    |  |
| \$24      | 45         | filing fee         |  |
| \$        | 75         | administrative fee |  |
| + \$      | 15         | trustee surcharge  |  |

total fee

\$335

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law.

Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Notice Required by 11 U.S.C. U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

page 3

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition* for *Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## United States Bankruptcy Court

Northern District of Ohio

| I                 | n re Lacresha Hester   |   |
|-------------------|--|---|
|                   |  | Case No   |
| D                 | ebtor  | Chapter_ <sup>7</sup>   |
|                   | DISCLOSURE OF COMPENSATION OF  | ATTORNEY FOR DEBTOR   |
| 1.                | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 above named debtor(s) and that compensation paid to me petition in bankruptcy, or agreed to be paid to me, for se the debtor(s) in contemplation of or in connection with the | e within one year before the filing of the rvices rendered or to be rendered on behalf of |
| <u>_</u> <u>F</u> | LAT FEE  |   |
|                   | For legal services, I have agreed to accept  | \$_800.00   |
|                   | Prior to the filing of this statement I have received  | \$ <u>350.00</u>  |
|                   | Balance Due  | \$ <u>450.00</u>  |
| R                 | ETAINER  |   |
|                   | For legal services, I have agreed to accept a retainer of.   | \$  |
|                   | The undersigned shall bill against the retainer at an hour   | ly rate of\$  |
|                   | [Or attach firm hourly rate schedule.] Debtor(s) have agrapproved fees and expenses exceeding the amount of the  | * *   |
| 2.                | The source of the compensation paid to me was:   |   |
|                   | Debtor Other (specify)   |   |
| 3.                | The source of compensation to be paid to me is:  |   |
|                   | Debtor Other (specify)   |   |
| 4.                | I have not agreed to share the above-disclosed comare members and associates of my law firm.   | pensation with any other person unless they   |
|                   | I have agreed to share the above-disclosed compener not members or associates of my law firm. A copy of the the people sharing the compensation is attached.   |   |
| 5.                | In return of the above-disclosed fee, I have agreed to rend<br>bankruptcy case, including:   | der legal service for all aspects of the  |
|                   | <ul><li>a. Analysis of the debtor's financial situation, and render whether to file a petition in bankruptcy;</li><li>b. Preparation and filing of any petition, schedules, state required;</li></ul>                                |   |

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any

adjourned hearings thereof;

| B2030 (Form 2030) (12/15)  |
|--|
| d. [Other provisions as needed] Bankruptcy consultation, preparation and filing of Chapter 7 petition, attendance at 341 meeting and negotiation and filing of reaffirmation agreement(s). |
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| 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:   |
| 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: Adversary proceedings   |
|  |
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# CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. 01/25/2019 /s/ Justin Smith, 0072044 Signature of Attorney J.M. Smith Co., LPA

Name of law firm 395 Park Place Chagrin Falls, OH 44022 jmsmith@jmsmithlpa.com